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REPORT

To the Citizens Committee

On an Investigation of

The Department of Hospitals and Dispensaries

BUFFALO, N. Y.

By HAVEN EMERSON, M. D.,
NEW YORK.

April 28, 1922

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TO THE CITIZENS' COMMITTEE OF BUFFALO:

Sirs:

Permit me to transmit herewith a report upon the Department of Hospitals and Dispensaries of the City of Buffalo, based on a study made at your request during the past six weeks by my associates, Walter M. Brunet, M. D., Miss Gertrude E. Hodgman, R. N., and myself. While the instructions I received from your committee were to confine the proposed inquiry to the organization and services of the Department of Hospitals and Dispensaries, it was from the beginning inevitable that other public and some private agencies which deal with the sick and the dependent, and have certain necessary official or voluntary relationships with the particular department under investigation should fall within the scope of our study.

Throughout the period of the study, as soon as the purposes of the Citizens' Committee were made public and were clearly understood, every courtesy was shown and all facilities were put at the disposal of the investigators. In addition to the considerable amount of personal assistance which was given to us by members of the medical, nursing and social workers professions and by interested and well informed laymen concerned with the care of the sick, especial acknowledgement is to be given to the officers of the City government,—His Honor, the Mayor: the Commissioner of Health; the Superintendent of Hospitals and Dispensaries, and many of their respective subordinates whose work was in some instances considerably increased by compliance with our requests for information. The officers of the Erie County Medical Society, the Staff of the Buffalo Foundation and of the District Nursing Association gave freely of their time and personal information to aid in the prompt completion of the study.

It will be quite apparent from a reading of the report that only a more leisurely and minute inquiry over a number of months could answer with full satisfaction some of the questions which have arisen.

This report is submitted with the conviction that there is much in the hospital and dispensary services of Buffalo which is unique and a proper subject of civic pride, and that the difficulties, inconsistencies, or partial failures which have been found in the work, organization and equipment of the Department of Hospitals and Dispensaries and the public and private agencies functionally related to it, are minor in character and easy to remedy.

If it be found practicable to follow the recommendations offered, Buffalo should in the near future be able to point to a public policy and a practical administration of care of the sick second to none among the cities of this country.

Respectfully submitted

HAVEN EMERSON, A. M., M. D.

New York City.

April 28, 1922.

REPORT OF AN INVESTIGATION OF THE DEPARTMENT OF HOSPITALS AND DISPENSARIES OF THE CITY OF BUFFALO.

INTRODUCTION AND HISTORICAL SUMMARY

On December 3, 1910, there was submitted to the Honorable George K. Staples, Chairman of a Committee of the Common Council of Buffalo a report on the "Hospital Needs of Buffalo," based upon a general survey of the hospital situation of Buffalo, by the standing Committee on Hospitals of the New York State Charities Aid Association. The following summary closed the report:

SUMMARY

(1) "The present hospital situation in Buffalo is such that a new hospital must be built either by the county or by the city.

(2) This new hospital should be separated entirely from any connection with the poor department and the almshouse. It is not meant for paupers, and it requires different standards of administration.

(3) This hospital should provide for a minimum of 720 beds; 200 for tuberculosis 200 for chronic cases, 100 for acute cases, 200 for contagious diseases, and 20 for detention cases.

(4) It will be more economical for the community to build and maintain one general hospital than to build and maintain two separate institutions under different managements.

(5) A general municipal hospital should be built by the city which is the logical body to have control, inasmuch as it furnishes 85% of the money and 90% of the patients.

(6) The construction and management of the hospital should be entrusted to a board of managers, as provided by Chapter 558 of the Laws of 1910, State of N. Y.

(7) The hospital should be centrally located to insure better attendance by physicians, avoid long transportation of the patients, and secure better service and more convenience for the people.

(8) The hospital should be built in accordance with a comprehensive plan adequate for the rapidly increasing needs of the growing city. We recommend strongly the adoption of such a plan by the City of Buffalo."

In the proceedings of the Common Council in December 1910, page 3041, the above mentioned report was referred to and the committee of the Council advised the construction by the city of a general hospital, and that no new county hospital should be built. As many as two hundred beds for contagious diseases and five hundred beds for general medical and surgical patients were at this time considered a necessary provision for the City. At the same time attention was called to the probability that the J. N. Adam Memorial Hospital for incipient tuberculosis then in process of erection would serve adequately for that particular group of patients.

The following paragraphs from the proceedings of the Council are significant, and appropriate to keep in mind while studying the present fully elaborated city services for the sick:

"The need is urgent. Today, and as a matter of daily average, there are 500 or more of our fellow citizens who ought to have the benefit of treatment in the proposed hospital. For lack of such treatment some of them will die, some will spread infection and disease among their families and neighbors, and many will endure suffering and loss that ought to be prevented. Christian goodwill to men and a broad conception of the city's duty to its people should move us, especially at this Christmas season, to give wise and effective help to those among us who are sick and in need of treatment.

"The provision of proper treatment is a problem of large cost. Including their share of expense of the County Hospital, the people of Buffalo, for the care of our sick poor in hospitals, paid over \$200,000 in taxes last year (1909-1910).

"This amount is increasing annually much more rapidly than the population and these figures show the necessity of careful and comprehensive planning for the future.

"Such planning must include legislation to procure funds and the working out of many details. Your committee has gathered much information which will facilitate this work but it is useless to begin it until the city has determined on the general course it will pursue. Bad conditions at the county hospital demand immediate relief. Shall we leave the county to perform part of our duty and thus have a wasteful division of responsibility, lack of co-operation and unnecessarily large expenditures? Or shall we face this great problem squarely and declare our purpose to provide hospital accommodations that will save some lives, promote the general health of the community and add to the attractiveness of life in Buffalo, all in the wisest way and at the minimum cost?

"Your committee recommends the following resolution:

"That the City of Buffalo hereby declares its determination to establish a public general hospital with accommodations adequate for all persons in the city requiring hospital treatment in excess of the facilities now furnished by existing city and private institutions. The determination will remove all occasion or necessity for the county providing any hospital accommodations for city patients. In making provisions for its own sick the city will also, if desired by the County, provide sufficient accommodations for such persons as the towns of Erie County may desire to send to the city hospital, payment for treatment of such cases to be made at the cost thereof by the towns sending them.

"That the City Clerk be directed to transmit a copy of this resolution to the Board of Supervisors as an answer to a communication from the clerk of said board dated October 11, 1910, containing a copy of a report adopted on that day.

"Adopted."

HOSPITAL PLAN ADOPTED

Land was bought, funds were obtained, plans were determined upon and when in 1917, the time came to organize a comprehensive municipal hospital service, the provisions of Chapter 558 of the General Municipal Law of the State of New York, 1910, were availed of and the Department of Hospitals and Dispensaries was registered.

The nucleus of such a department was available in the Bureau of Hospitals of the Department of Health which was at the time of the transfer of responsibilities, July 25, 1917, operating the Ernest Wende Hospital, the Municipal Hospital, five Health Center Dispensaries, and thirteen Well Baby Clinics, ten of which were in the Health Centers, and three in separate rented quarters. The chief of the Bureau of Hospitals of the Department of Health was appointed Superintendent of the Department of Hospitals and Dispensaries on July 25, 1917, and on August 9, 1917, the Board of Managers of the Buffalo City Hospital became the Board of Managers of the Department of Hospitals and Dispensaries and resolved that the Buffalo City Hospital, the Municipal Hospital, the Ernest Wende Hospital and the five dispensaries were to be known thereafter as the Department of Hospitals and Dispensaries.

Since July, 1917, there have been changes in the locations and functions of various of the hospital and dispensary services; there have been additions of new functions; there has been a gradual development of organization to provide for all varieties of medical and surgical care and for the use of the facilities of the Department in the teaching of student and graduate physicians and nurses.

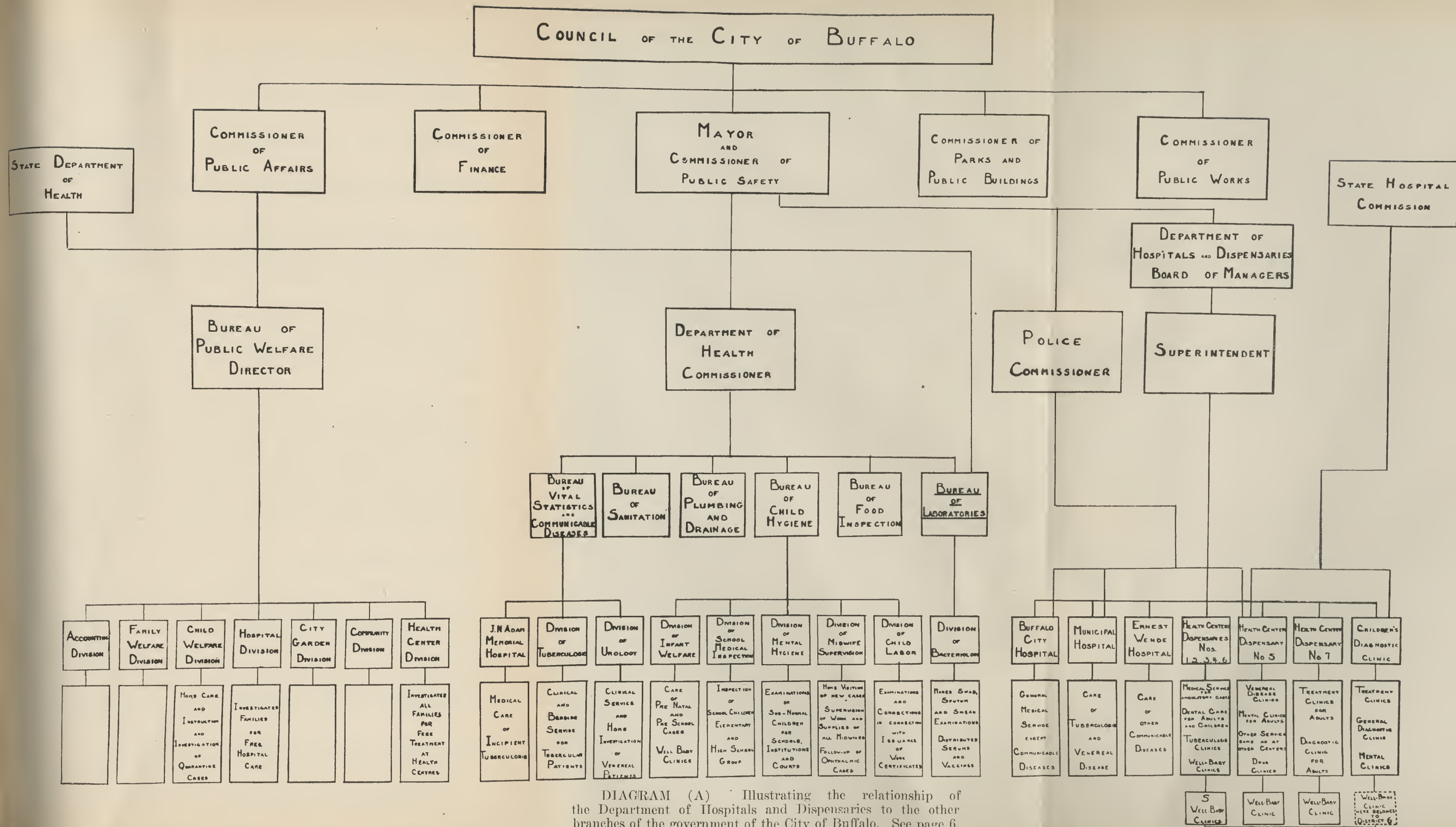
The following table of dates presents an intelligible record of the important developments in the history of the hospital and dispensary services of the city:

DATES OF OPENING OF THE VARIOUS PREMISES AND OF OPERATION OF VARIOUS ACTIVITIES OF WHAT IS NOW THE DEPARTMENT OF HOSPITALS AND DISPENSARIES OF THE CITY OF BUFFALO:

Small pox Building, 770 East Ferry Street	1905
Good Samaritan Dispensary, Michigan and Seneca Streets	July 20, 1908
(moved to 24 High St. 1910 and closed May 25, 1920)	
Ernest Wende Hospital, 456 Broadway	February 19, 1909
Municipal Hospital (T. B. adult), 770 East Ferry Street (60 adults) ..	February 24, 1913
Municipal Hospital (T. B. children), 770 East Ferry Street (50 children)..	July 1, 1913
Venereal Disease Clinic, 770 East Ferry Street	November 17, 1914
(moved to 51 Court St. Sept. 12, 1918.)	
Municipal Hospital (Venereal Ward), 770 East Ferry Street	November 23, 1914
(60 male and female)	
Municipal Hospital (Drug Ward), 770 East Ferry Street	August 26, 1915
(moved to Buffalo City Hospital, Sept. 6, 1918)	
Municipal Hospital (Alcoholic Ward), 770 East Ferry Street	October 22, 1915
(moved to Buffalo City Hospital, Sept. 6, 1918)	
Municipal Hospital (Psychopathic Ward), 770 E. Ferry Street	January 24, 1916
(moved to Buffalo City Hospital, April 19, 1918.)	
Health Center No. 1, 1067 Grant St.	March 11, 1916
(moved to 379 Amherst St. June 20, 1919)	
Health Center No. 2, 591 William Street.....	March 11, 1916
Health Center No. 3, 770 East Ferry Street	March 11, 1916
(moved to 1122 E. Genesee Street, July 1, 1920)	
Health Center No. 4, 404 Seneca Street	March 11, 1916
Health Center No. 5, 43 Front Ave.	April 16, 1917
(moved to 51 Court Street, March 1, 1918)	
Buffalo City Hospital, 462 Grider Street	March 19, 1918
Erie County Hospital burned	June 13, 1918
Training School for Nurses, 462 Grider Street	August 1, 1918
(registered New York State, July 31, 1919)	
Buffalo City Hospital Annex for Influenza, Central High School (opened)	
(closed December 6, 1918)	
	October 19, 1918
Health Center No. 7, 462 Grider Street	August 8, 1919
Drug Addict Clinic, 51 Court Street	September 3, 1919
Treatment Clinic, (children), 122 Hodge Ave.	September 9, 1919
Mental Clinic, 51 Court Street	September 10, 1919
Diagnostic Clinic (adults), 462 Grider Street	March 8, 1920
Diagnostic Clinic for Children, 122 Hodge Ave.	May 1, 1920
Treatment Clinic (adults), 462 Grider Street.....	May 25, 1920
Health Center No. 6, 24 High Street	July 1, 1920
(moved to 100 High Street July 1, 1921)	

In order to understand the relationship of the Department of Hospitals and Dispensaries to the other branches of the government of the City of Buffalo, the accompanying chart (A) is presented.

Only such activities are given in detail as deal with the prevention, detection and treatment of sickness, together with the investigation of necessity for free care of the sick and the supervision of certain classes of patients by the authority of the police.



The Bureau of Public Welfare of the Department of Public Affairs, which is responsible for all social and economic investigations into the merits of the appeal of the sick for free care at the hands of the Department of Hospitals and Dispensaries, is pictured in Chart (B). Page 8.

The personnel of the Department of Hospitals and Dispensaries, as distributed at the time of the investigation, can be seen by reference to the chart of organization, (C). Page 10.

The functions and relationships of the Department of Hospitals and Dispensaries with other public agencies and with private organizations, are to be found diagrammatically represented on Chart (D). Page 12.

HEALTH CENTERS ARE REALLY BRANCH DISPENSARIES AND THEREFORE INTEGRAL PARTS OF THE HOSPITAL SYSTEM

The Board of Managers of the Department consists of five men, no one of whom need be a physician, citizens of Buffalo appointed by the Mayor for terms of five years each, one to be appointed and one retiring each year, and all serving without pay. Authority for the conduct of the department is vested in this Board, which appoints the Superintendent and may remove him at any time. Subject to civil service limitations, the Superintendent may appoint, discharge, and fix the salaries of all employees of the Department.

It was quite apparent that the City Council and the Board of Managers of the Department of Hospitals and Dispensaries intended and determined in 1917 to provide a public general hospital where varieties of medical and surgical patients could be treated by the best methods known to medical science. Furthermore, it is obvious that the Board of Managers intended to close and discontinue the use of the two hospitals in operation in July, 1917, as soon as the new city hospital should be so far completed as to accommodate their patients.

What have been called in Buffalo "Health Centers," have served precisely the same functions as are performed by the dispensaries in other cities, operated either as a part of a hospital plant, or under independent administration apart from a hospital, but under both conditions providing for medical and surgical care and diagnosis for patients before and after periods of hospital treatment, and for many who by early and timely attention can be spared the necessity of bed care in the hospital.

For the convenience of the public and in the interest of inter-departmental economy and efficiency there have been carried out at the so-called Health Centers, which are really branch dispensaries of the hospital administration, a number of functions of a preventive health character, such as the educational supervision of infants, and the control of tuberculosis and venereal diseases under the auspices of the Department of Health.

The Department of Hospitals and Dispensaries through its Superintendent provides as nearly as possible exactly what was found to be needed for Buffalo by a study made in 1910.

The Buffalo City Hospital at 462 Grider street, with a present capacity of 415 beds for general medical, surgical, psychopathic, addict and tuberculosis patients, the Ernest Wende Hospital at Broadway and Spring Street offering 140 beds for the acute communicable diseases, and the Municipal Hospital at 770 East Ferry Street with 175 beds for the care of tuberculosis and venereal disease patients constitute to all intents and purposes a single hospital organization of 730 bed capacity and should be considered as such in any description or study.

The seven branch dispensaries or health centers constitute the out-patient service of these hospitals and are located in premises owned or rented by the Department of Hospitals and Dispensaries, as follows, the boundary streets of the respective districts being listed after the number and address of each dispensary:

No. 1 379 Amherst Street.

O'Neill Street, Kenmore Avenue, Colvin Street, Delaware Avenue,
West Ferry Street, and Niagara River.

No. 2. 591 William Street.

Broadway, Michigan Avenue, Clinton Street and City Line.

- No. 3 1122-24 Genesee Street.
Broadway, Jefferson Street, East Ferry Street, Bailey Avenue, Doat Street, and City Line.
- No. 4 404 Seneca Street.
Michigan Avenue, Clinton Street, City Line, Lake Front.
- No. 5 51 Court Street.
Maryland Street, West and East Tupper Streets, Michigan Avenue, Water Front.
- No. 6 The Buffalo General Hospital,
West and East Ferry Streets, Jefferson Street, Broadway, Michigan Avenue, East and West Tupper Streets, Maryland Street, Water Front.
- No. 7 462 Grider Street.
Doat Street, Bailey Avenue, East and West Ferry Streets, Delaware Avenue, Colvin Street, Kenmore Avenue, City Line.

Medical and surgical diagnosis and treatment are provided for ambulatory patients of both sexes and all ages, at the branch dispensaries, Numbers 1, 2, 3, 4, and 6, and in addition, pre-natal care of expectant mothers, and prophylactic and corrective dental services are offered, while in each dispensary the Department of Health maintains a tuberculosis and a well-baby clinic. At branch No. 5, in addition to the services above mentioned, there is a clinic for drug addicts provided by the Department of Hospitals and Dispensaries, a Venereal Disease or Urologic clinic by the Department of Health and a clinic for mental diseases of adults, served by a physician assigned from the Buffalo State Hospital of the State Hospital Commission.

The branch or district dispensary No. 7 provides as its special facility in addition to the services offered at Numbers 1, 2, 3, 4, and 6, a central or diagnostic clinic for adults.

This same special function is provided for children by a diagnostic clinic at the Children's Hospital, where there is also a clinic for mental disorders of childhood, served as at No. 5 by a representative of the Buffalo State Hospital.

Chart (E) Page 14, showing the schedule of services and clinics conducted by the Department of Hospitals and Dispensaries is self explanatory.

HOSPITAL FACILITIES FOR ERIE COUNTY, N. Y.

In January 1920, Buffalo was found to have a population of 506,775, distributed according to the districts served by the branch dispensaries, as follows:

District No. 1	75,092
District No. 2	75,066
District No. 3	91,230
District No. 4	75,078
District No. 5	36,154
District No. 6	89,972
District No. 7	64,183

506,775

as indicated on Map (F) Page 16.

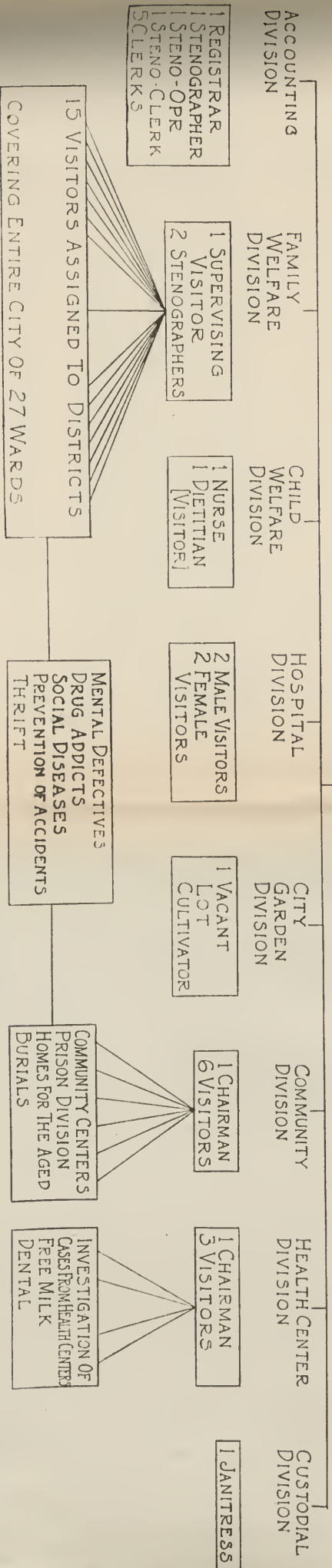
The public and privately controlled hospitals of Buffalo are indicated by black squares according to the number of beds provided, and the branch dispensaries are shown by black circles according to the number of patient visits at each such station, a large unshaded circle outside of the solid circle at dispensary No. 5 indicating the volume of traffic at the Venereal disease clinic in addition to the attendance at the general medical, prenatal and dental. At the side of each solid circle representing the traffic at the dispensary served by the Dept. of Hospitals and Dispensaries, is a smaller shaded circle, showing the traffic or patients' visits at the tuberculosis and well-baby clinics provided under the auspices of the Department of Health.

DEPARTMENT OF PUBLIC AFFAIRS

COMMISSIONER

BUREAU OF PUBLIC WELFARE

EXECUTIVE DIVISION



ORGANIZATION CHART 1920 BUREAU OF PUBLIC WELFARE CITY OF BUFFALO N.Y.

CHART (B) Organization scheme of that branch of the City government which is responsible for all investigations into the merits of every sick applicant for free treatment at the hands of the Department of Hospitals and Dispensaries.

See page 7.

The figures upon which the map was based are as follows:

Public Institutions	Beds
Buffalo City Hospital	415
Ernest Wende Hospital	140
Municipal Hospital	175
J. N. Adam Memorial Hospital	350
Erie County Hospital	300
	<hr/> 1380

Privately Controlled Institutions

Buffalo General Hospital	375
Buffalo Hospital, Sisters of Charity	214
Buffalo Women's Hospital	36
Children's Hospital	119
Columbus Hospital	150
Deaconess Hospital	143
Emergency Hospital, Sisters of Charity	85
Buffalo Homeopathic Hospital	162
Lafayette General Hospital	50
Memorial Hospital	55
Mt. Mercy Hospital	30
St. Mary's Maternity Hospital	69
Our Lady of Victory Hospital	100
Providence Retreat	200
	<hr/> 1788
	<hr/> 3168

When the Buffalo City Hospital is completed and the Ernest Wende and Municipal Hospitals are closed, there will be 863 beds available under the Department of Hospitals and Dispensaries instead of the 730 as at present. When the additions to the J. N. Adam Memorial Hospital are completed, there will be 200 more beds for early tuberculosis. The Homeopathic Hospital has decided to add 100 beds to its present capacity and the Mt. Mercy Hospital will be enlarged by the addition of 70 beds. Thus in the near future, there will be provided for the citizens of Buffalo and its environs, 3671 beds.

Since hospital beds are not like beds in hotels, suitable and available equally to all who need accommodation, an analysis of the bed capacity of the public and privately controlled hospitals will be helpful to arrive at a determination of the adequacy of present or future needs of the City.

Of the 3168 beds now available, the distribution to the respective services is as follows:

Medical	476
Surgical	768
Children	319
Obstetrical	241
Tuberculosis, adults and children	611
Acute communicable diseases, adults and children ...	140
Venereal diseases	75
Acute mental disorders ...	38
Chronic invalids	300
Drug, mental and alcoholic patients are accepted at the Providence Retreat	200
	<hr/> 3168

In January, 1920, the population of Erie County was found to be 634,588, and if the population of those towns and areas as a matter of fact served by the hospital facilities of Buffalo are included, we shall find that we are dealing with a population of probably not less than 650,000.

Experience in the large industrial centers of the eastern and central states of the

country shows that as many as five hospital beds for general medical and surgical patients are needed for each thousand of the population, and five beds for each ten thousand people should be provided for children, fifteen for every one hundred thousand for maternity cases if 10% of the births are cared for in hospitals, five beds per ten thousand of the population for the acute communicable diseases, one bed per death per annum from pulmonary tuberculosis. It is further estimated that one hundred and twenty of every one thousand patients receiving hospital care will need convalescent care under something approaching hospital conditions, for a period of about three weeks each, or seven convalescent beds for each one thousand patients hospitalized per annum.

Applying the above standards to the present facilities of Buffalo, we have a theoretical need for the estimated 650,000 people to be served:

General surgical and medical	3250 beds
For children	325
For obstetrical cases	98
Acute communicable diseases	325
For tuberculosis	600

When the additional capacities now determined upon are ready, there will be

For general medical and surgical, including venereal diseases, mental and chronic invalids ..	2169 beds
For children	319
For obstetrical cases	241
For acute communicable diseases	135
For tuberculosis	862

From this it would appear that with the declining tuberculosis death rate at almost all ages, there will be some two hundred and fifty beds more than are really needed for the care of this disease; there will be adequate provision for the care of sick children, and a generous provision for obstetrical cases, even if 25% of the cases of confinement are delivered in hospitals, which is probably the case in Buffalo.

There is no provision for convalescent hospital care in or near Buffalo.

HOSPITAL AND DISPENSARY PLAN COMPREHENSIVE BUT NOT TOO ELABORATE

It must be apparent that the comprehensive plan for the hospital services of the city was begun none too soon in 1910, and even when completed will in some respects prove to be inadequate.

There is, however, a reasonable possibility that by the systematic and logical development of the outpatient services already so well conceived and distributed, the incidence of serious sickness requiring hospital care may be reduced to limits within the ability of the various hospitals to meet for another ten years, at the present rate of the city's growth.

Some conception of the value and importance of the dispensary services for diagnoses and treatment of diseases under the auspices of the several cooperating departments of the city and state, can be gained from the following record of the visits at the seven Health Centers, or central and branch dispensaries, in the year 1921:

Original and Return Visits

General medical and surgical clinics	50,484
Prenatal clinic	1,198
Dental clinics	24,718
Mental clinics	131
Drug addict clinics	884
Central diagnostic clinics	6,321
Tuberculosis clinics	4,054
Venereal disease clinics	30,716
Well baby clinics	73,707

Total	192,213
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ORGANIZATION SCHEME

DEPARTMENT OF HOSPITALS AND DISPENSARIES

BOARD OF MANAGERS

SUPERINTENDENT

MEDICAL SUPERINTENDENT ASST MEDICAL SUPERINTENDENT

HOUSE MEDICAL STAFF
DENTISTS
GENERAL LABORATORY
XRAY LABORATORY
PHARMACY
SOCIAL SERVICE
FOLLOW-UP NURSE

CHIEF CITY PHYSICIAN

CITY PHYSICIANS
ASST CITY PHYSICIANS
EXTERNS
DENTISTS
NURSES
CLERKS
MAIDS
LABORERS

SUPT OF NURSES

SUPERVISING NURSES
GRADUATE NURSES
PUPIL NURSES
MEN NURSES
NURSE AIDS
WARD WAITRESSES

HOUSEKEEPER

ASST HOUSEKEEPERS
MAIDS
ELEVATOR OPERATORS

MECHANICAL SUPT (ENG)

ASST ENGINEERS
FIRE MEN
COAL PASSERS
CHAUFFEURS
ASST CHAUFFEURS
ELECTRICIANS
PAINTERS
CARPENTERS
GARDENER
WATCHMEN
PORTERS
LABORERS

DIETITIAN

ASST DIETITIAN
COOKS
KITCHEN HELPERS
EMPLOYEES HEAD WAITRESS
EMPLOYEES WAITRESSES

PURCHASING AND EMPLOYMENT

HEAD LAUNDRY MAN
LAUNDRY MEN
HEAD LAUNDRESS
LAUNDRESSES
SEAMSTRESSES

CHIEF ACCOUNTANT

ASST SECRETARY
REGISTRAR
CASHIER
STOREKEEPER AND
PROPERTY CLERK
ASST STOREKEEPERS
BUTCHER
CLERKS
TYPISTS
TELEPHONE OPERATORS

CHART (C) Note: The Chief City Physician is in charge of all Health Centers. The latter are really Branch Dispensaries, or what usually is designated an "Outpatient Department." See page 7.

At the well baby clinic, 7,363 children under three years of age were brought under observation, each child receiving about ten services a year, of which 41,393 were visits to the homes by the nurses. Of the 30,716 visits at the venereal disease clinic, 28,616 were revisits.

The number of individuals who were served, i. e., who made one or more visits to one or other of the Health Center Dispensaries for diagnosis or treatment of disease, was 31,345, of whom 1,948 attended for diagnosis of tuberculosis and 2,100 for diagnosis of venereal diseases and the appropriate subsequent outpatient or hospital treatment. In the city of Detroit in 1920 a total of 37,969 visits were made at the free municipal venereal disease clinics.

Well baby clinics are conducted at twenty stations, thirteen in premises belonging to the Department of Hospitals and Dispensaries, as follows:

District No. 1	2	District No. 4	1
District No. 2	2	District No. 5	1
District No. 3	3	District No. 6	3
District No. 7		1	

in four, rented quarters, one each in District 2 and 7, and two in District 4; and in three, quarters donated by private agencies or institutions in Districts 2, 5, and 6.

ORGANIZATION

Without unduly adding to the bulk of this report, it would be impracticable to incorporate the detailed answers to the comprehensive questionnaire which served as the basis of our analysis of the hospital administration. Your investigators have observed at first hand the admission, care, treatment, and discharge of patients, and have visited all the premises above mentioned, as operated by the Department of Hospitals and Dispensaries. We have collected and studied the official bulletins, rules and regulations at present issued to determine and guide all paid employees of the Department, the voluntary staff of physicians and the probationary nurses.

What has struck us as remarkable has been the minute detail with which the duties and relations of all employees to each other and to the service of the sick have been considered and described, so as to insure the best possible co-ordination of the entire hospital and dispensary organization.

The medical staff, representing as it does, the teachers of the medical school of the University of Buffalo and such others as associates and assistants as are acceptable to the college and the Department, is organized according to the best hospital practice. There are regular staff meetings and careful records are kept of them by the superintendent. There is an executive committee composed of the chiefs representing the sixteen professional sections as follows:

- | | |
|----------------------|---------------------------------|
| 1. Surgery | 9. Obstetrics |
| 2. General Medicine | 10. Neurology |
| 3. Tuberculosis | 11. Orthopedics |
| 4. Dermatology | 12. Psychiatry |
| 5. Ophthalmology | 13. Pediatrics |
| 6. Gynecology | 14. Addiction |
| 7. Rhino-laryngology | 15. Acute communicable diseases |
| 8. Urology | 16. Otology |

Continuity of service for the section chiefs, responsibility for appointment and supervision of the professional work of their respective attending and associate physicians, and full charge of the professional care of patients in the sections, are provided for and in fact exist. All patients applying are admitted upon the approval of the admitting physician who is a salaried officer of the Department.

The out-patient services are an integral part of the work and responsibilities of the section chiefs.

Although the medical visiting staff, consisting of one hundred and seventy-one members, are in charge of all patients treated at public expense, physicians previously in charge of such hospital patients are invited personally to follow their cases and to consult with the attending staff, both in the wards and in the dispensaries. Any licensed medical practitioner is free to commit a pay patient to the wards of the Department Hospitals and attend the patient—he must however, conform to all the standards of professional and administrative practice of the Department.

The comings and goings of the attending staff are registered and the time they spend in the wards compares favorably with the practice in the best hospitals of the country.

A study of fifty completed histories of recently discharged hospital patients shows that all requirements for immediate record of the patient and subsequent use of the histories for scientific and administrative purposes are fully met. It may properly be said that the records are as complete as is necessary, and that the system of filing and checking completion of the records is a model which it would be difficult to improve in any important respect. Even the minor ailments for which patients are hospitalized show a completeness of their records which is quite unusual, and a matter of particular interest is the estimate of the percentage of disability suffered by the patient at the time of discharge. All the recommendations of the American College of Surgeons for the keeping and use of the records are fully met. The filing system is on the unit method, each case being kept under its admission number with a general index by name and a cross index for disease. A complete examination of the patient before discharge is recorded, and at that time arrangements are made for the follow up of the patient, either by supplementary treatment through the dispensary of the patient's home district, or by a visiting nurse arranged for through the District Nursing Association.

There is a house staff of thirty-five, the resident physicians and surgeons being paid. The medical superintendent of the hospital is in charge of the house staff and maintains his supervision by ward rounds and observation of the work of the staff as recorded in their daily reports and the patients' records. The interns are appointed after oral examination from among the graduates of the Medical School of the University of Buffalo. Non-resident graduates are appointed on the recommendation of their respective deans.

The resident physicians in charge of services are held responsible for obtaining consent for autopsies, about twenty per cent of all deaths being studied through the post mortem examination, and the pathological material, either from autopsies or clinical cases, is available for study and presentation at the regular monthly staff meetings arranged for the discussion of the professional work of the hospital. During the year 1921, 42.5% of the deaths on the medical service, 28% of those on the surgical service, 50% of those in gynecology, 43% among the deaths of the new-born, and 38.5% of the deaths in the neurological division came to autopsy.

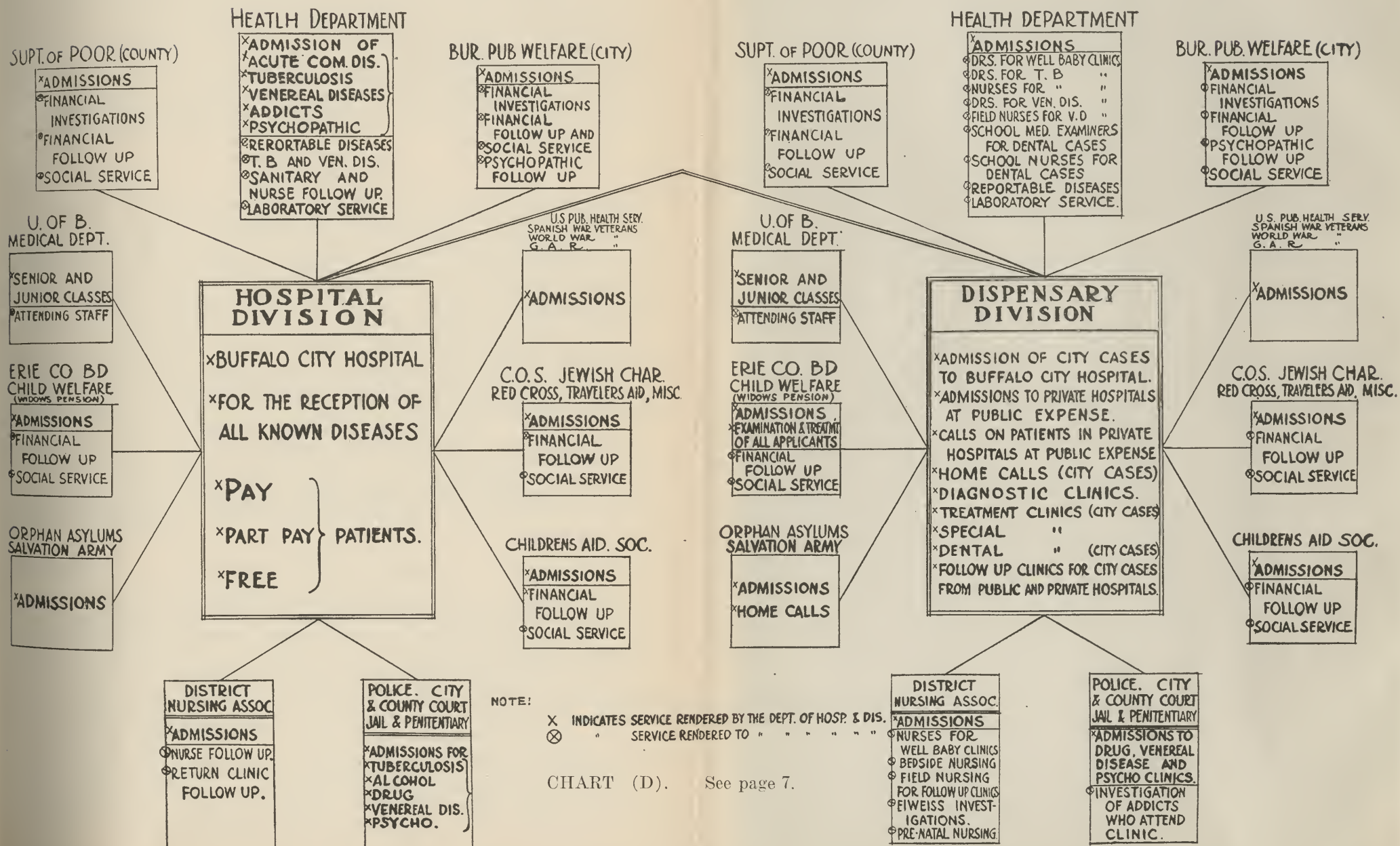
A reference library is available and research work in clinical and laboratory subjects is under way. The nucleus of a permanent museum of pathological material is already collected and available for current use in the teaching and practice of medicine.

The treatment of patients is under constant review and consideration by the medical superintendent and the attending staff, and efforts are made to see that only the most effective and best approved methods of care of the sick are employed. The social service agent in the hospital visits all patients immediately after entrance, and if the patient executes a blank indicating his willingness to accept assistance for himself or his family if needed, the social service agent refers the patient to the proper welfare organization, if any has been interested in this particular patient and if not, to the Bureau of Public Welfare. At the time of discharge a nurse employed by the District Nursing Association interviews all patients about to be discharged and notes any recommendation of the resident physicians for follow up care in the home, and sees that the patient is put on the list for visiting by the appropriate district nurse.

SERVICES LACKING

There is only one service which the hospital lacks to make it complete in every respect and able to supply the best that the medical sciences are capable of, and this

DIAGRAM SHOWING THE INTER-RELATIONSHIP BETWEEN
THE DEPARTMENT OF HOSPITALS AND DISPENSARIES
AND OTHER PUBLIC AND PRIVATE ORGANIZATIONS



is the absence of occupational therapy as a regular part of the treatment of patients. In many hospitals throughout the country since the period of the war, it has been found desirable in the interest of economy of the time of the hospital and of the patient to have trained teachers of various occupations employed in the hospital to give the benefit of employment during the process of medical and surgical treatment, which comes best through the minor industries and arts which can be practiced in bed or during the period of convalescence.

The hospital is seriously hampered, furthermore, by the total lack of facilities for convalescent hospital care. It costs about twice as much to carry a patient in a general hospital with its elaborate and costly equipment for the care of the sick, as it does to provide sufficient medical and nursing supervision and opportunities for rest, recreation and complete recovery in an establishment devoted entirely to convalescence.

With the provision of occupational therapy within the hospital and convalescent care as soon as practicable in the course of recovery from medical and surgical emergencies, the system of hospitals and dispensaries, social service and home nursing care now available for the sick of Buffalo through the administration of the Department of Hospitals and Dispensaries, would be as nearly ideal as our present medical and sociological knowledge and resources permit.

EDUCATIONAL USES

The entire hospital and dispensary service is used in the training of students of the medical school, and opportunities are also offered for the teaching of graduate physicians. Due regard is given to the preference and consent of the patients, but it is rare to find that any hospital inmate declines to cooperate in the observance of his particular ailment in the interest of teaching of doctors and nurses. The Board of Managers of the Department of Hospitals and Dispensaries appear to believe thoroughly in the efficiency of medical teaching and research as a stimulus to the best kind of medical and surgical care of patients. The complete range of clinical material, acute and chronic, and of all the various specialties, offers rather unusual opportunities with the minimum of loss of time by the students and teachers. As the safety of the public depends upon the character of medical service provided, it seems entirely appropriate that the inclusion within the hospital buildings of convenient recitation and laboratory rooms for use in the teaching of the doctors and nurses connected with the hospital, should have been provided at public expense.

A training school for nurses is operated by the Superintendent of the Hospitals, and although this has been in operation too short a time to test the effectiveness of the system of education, the methods employed and the professional qualifications of the teachers among the physicians and nurses employed in this work are of the kind which meets the requirements of the professional nursing bodies and of the State Department of Education.

MEASURES OF EFFICIENCY

When the organization, equipment and performance of the Department of Hospitals and Dispensaries is measured by standards met by the best private hospitals and public institutions connected with medical schools in the cities of the east and the middle west, with which your investigators have been familiar through personal study, it is found that there is generous provision for care with economy of service. There is a keen sense of responsibility which permeates the entire personnel of the Department, and owing to the admirable system of district out-patient service, the continuity of care from the inception of illness to the complete rehabilitation of the patient in health present a remarkable picture of professional and administrative efficiency.

The simplest way of expressing the efficiency of the administration of the hospital service of this department is by the statement that 88% of the bed capacity of the three hospitals was in use throughout 1921 (166,856 out of 187,975 possible days of bed service), exclusive of the beds devoted to the care of epidemic diseases such as scarlet fever, diphtheria, measles, chicken pox and smallpox.

Only two of the 100 hospitals studied in the city of New York equalled this record of hospital service. The percentage of beds occupied in the 21 hospitals of Cleveland for the year 1919 was 64, and in all hospitals in the state of Illinois in the year of a recent survey not more than 66% of the beds were occupied throughout the year. The percentage of occupancy of the 30,000 beds used by the United States government for the disabled veterans of the World War has never reached 80% during the past three years.

INVESTIGATION OF APPLICANTS FOR FREE MEDICAL AND SURGICAL CARE

In order to comply with the Municipal laws of the State of New York, Chapter 558 (1910), it was necessary for the Superintendent of the Department of Hospitals and Dispensaries either to obtain information through employees of his own department sufficient to satisfy him that all of the applicants for medical and surgical advice, treatment or relief at public expense at the hospitals and dispensaries of the department are indigent, or to make arrangements through other public or private agencies for report upon the economic status of all applicants for free care. On December 17, 1919, the Superintendent of the Department of Hospitals and Dispensaries applied to the Department of Public Affairs for assistance in the following letter:

Buffalo, December 17, 1919.

Mr. Frederick G. Bagley, Commissioner,
Department of Public Affairs,
Buffalo, N. Y.

Dear Sir:

Will you please consider this an application made by the Department of Hospitals and Dispensaries, Buffalo, to have the Bureau of Public Welfare, Department of Public Affairs, act as a social service bureau for city-owned hospitals and dispensaries? Chapter 558, Municipal Laws of the State of New York, 1910, provides that the Superintendent of Hospitals and Dispensaries shall satisfy himself that all applicants for medical or surgical advice, treatment or relief at public expense are indigent. If I were to carry out the provisions of the law to the letter, this would mean a considerable addition to our staff, and in addition, a useless duplication of the work now performed by your personnel.

Acting as our Social Service Department means that the Bureau of Public Welfare would have to pass on all applications for treatment made to hospitals or dispensaries, and also provide suitable homes, and sometimes occupation for all indigent patients about to be discharged from a city-owned hospital.

If you desire to cooperate with us, as suggested in this note, I would recommend that you adopt the following rules:

All applicants referred to city-owned hospitals or dispensaries for treatment by the following organizations will be referred back to point of origination for follow up after treatment is finished: Charity Organization Society, Children's Aid Society, District Nursing Association, Erie County Board of Child Welfare, County Superintendent of Poor, Jewish Federated Charities, Buffalo Chapter, American Red Cross Society, Spanish War Veterans and G. A. R.

All applicants referred to city-owned hospitals or dispensaries by the Bureau of Public Welfare will be treated without any further formality. All voluntary cases applying for treatment in city owned hospitals or dispensaries will be referred to the Bureau of Public Welfare for investigation and follow up work.

All appliances needed by patients treated in city-owned hospitals or dispensaries which are of a personal nature will be supplied by the Bureau of Public Welfare upon the recommendation of the Medical Super-

DEPARTMENT OF HOSPITALS AND DISPENSARIES

SCHEDULE OF SERVICES AND CLINICS

HOSPITAL DIVISION

SURGERY [INCLUDES PROCTOLOGY AND DENTISTRY]	DERMATOLOGY	OTOLOGY	GYNECOLOGY	PSYCHIATRY	PEDIATRICS	OBSTETRICS
MEDICINE [INCLUDES TUBERCULOSIS & ACUTE COM DISEASES]	OPHTHALMOLOGY	RHINO-LARYNGOLOGY	NEUROLOGY	UROLOGY	ORTHOPEDICS	ADDICTION

DISPENSARY DIVISION

[OUT PATIENT, ADMISSION AND FOLLOW UP SECTION OF HOSPITAL DIVISION]

CENTRAL DISPENSARY FOR ADULTS
BUFFALO CITY HOSPITAL 462 GRIDER ST.

DIAGNOSIS MON. 2^{PM} THUR 4^{PM}
MED AND SURG TUES. WED FRI SAT. 2-4^{PM}
GASTRO-INTESTINAL TUES. 3^{PM}
EYE, EAR, NOSE & THROAT TUES. WED. FRI. SAT. 2-4^{PM}
DERMATOLOGY AND CUTANEOUS SYPHILIS
THURS 3 AND 7^{PM}
TUES AND SAT 7^{PM}
NEUROLOGY TUES 3^{PM}
GYNECOLOGY WED AND FRI. 4^{PM}
ORTHOPEDICS THURS 4^{PM}
GENERAL LABORATORY AND XRAY SERVICE DAILY 8:30^{AM}-5^{PM}
CYSTOSCOPIC EXAMINATIONS MON. WED. AND FRI 9:30^{AM}

CENTRAL DISPENSARY FOR INFANTS AND CHILDREN
CHILDRENS HOSPITAL 122 HODGE AVE.

DIAGNOSIS MON 2^{PM} THURS 4^{PM}
PEDIATRICS 2^{PM} TUES. WED. FRI. AND SAT.
SURGERY, EYE, EAR, NOSE, AND THROAT
TUES. WED. FRI. AND SAT. 2-4^{PM}
ORTHOPEDICS MON 3^{PM}
NEUROLOGY THURS 3^{PM}
DERMATOLOGY SYPHILIS TUES. 3^{PM}
PHYSICAL TRAINING WED AND SAT. 2^{PM}
STAMMERING FRI 3^{PM}
PSYCHOMETRY FRI 2^{PM} [PHYS ASSIGNED BY BUFFALO STATE HOSPITAL IN CHARGE]
GENERAL LABORATORY AND XRAY SERVICE DAILY 1-5^{PM}
E. WEISS MILK DAILY 2^{PM}

BRANCH DISPENSARY No 1
379 AMHERST ST.

WELL BABY CLINIC No 1 TUES 10^{AM}
" " " No 2 FRI 10^{AM}
T.B. CLINIC WED. 3:30^{PM} MON 7^{PM}

BRANCH DISPENSARY No 2
591 WILLIAM ST

WELL BABY CLINIC No 3 TUES 10^{AM}
" " " No 4 FRI 10^{AM}
" " " No 5 [JOG] TUES 2^{PM}
" " " No 6 [BROADWAY] WED 10^{AM}
T.B. CLINIC WED. 3:30^{PM} MON 7^{PM}

BRANCH DISPENSARY No 3
1122 GENESEE ST

WELL BABY CLINIC No 7 WED 2^{PM}
" " " No 8 FRI 10^{AM}
" " " No 9 TUES 10^{AM}
T.B. CLINIC TUES 3:30^{PM} MON 7^{PM}

BRANCH DISPENSARY No 4
404 SENECA ST

WELL BABY CLINIC No 10 TUES 10^{AM}
" " " No 11 [878 GENESEE ST] FRI 10^{AM}
" " " No 19 [201 TRIANGLE ST] FRI 2^{PM}
T.B. CLINIC FRI. 3:30^{PM} MON 7^{PM}

BRANCH DISPENSARY No 5
51 COURT ST

WELL BABY CLINIC No 12 THURS 2^{PM}
" " " CLINIC No 13 [150 ELM ST] FRI 10^{AM}
T.B. CLINIC MON 3:30 AND 7^{PM}
UROLOGIC CLINIC DAILY 3-5 AND 7-8^{PM}
PSYCHOPATHIC " TUES 2^{PM} [PHYS ASSIGNED BY THE BUFFALO STATE HOSPITAL IN CHARGE]
ADDICT CLINIC DAILY 2^{PM} CITY PHYS IN CHARGE

BRANCH DISPENSARY No 6
700 ELM ST

WELL BABY CLINIC No 14 THURS 10^{AM}
" " " No 15 TUES 2^{PM}
" " " No 16 [122 HODGE AVE] WED 10^{AM}
" " " No 17 [51 COURT ST] WED 2^{PM}
T.B. CLINIC SAT 10:30^{AM} MON 7^{PM}

BRANCH DISPENSARY No 7
462 GRIDER ST

WELL BABY CLINIC No 18 FRI 10^{AM}
" " " No 20 [SISTERS HOSPITAL] WED 2^{PM}
T.B. CLINIC TUES 3:30^{PM} MON 7^{PM}
DENTAL " DAILY 9^{AM}-1^{PM}
PLATE WORK ONLY.

NOTE :
IN THE HOSPITAL DIVISION AND EACH OF THE CENTRAL DISPENSARIES THE HOSPITAL HOUSE STAFF IS IN DIRECT CHARGE, WORKING UNDER THE GENERAL SUPERVISION OF THE MEMBERS OF THE HOSPITAL VOLUNTARY ATTENDING STAFF

IN EACH OF THE BRANCH DISPENSARIES SHOWN ABOVE THERE IS CONDUCTED BY THE CITY PHYSICIAN IN CHARGE A GENERAL MEDICAL AND SURGICAL CLINIC, 9^{AM} 2:00-4:00 AND 7:00-8:00 PM DAILY AND A PRENATAL CLINIC WEDNESDAY 2:00 PM ALSO BY THE DENTIST, DENTAL CLINICS DAILY EXCEPT SATURDAY 9^{AM}-5^{PM} FOR CHILDREN, AND SATURDAY 9^{AM}-5^{PM} FOR ADULTS.

WELL BABY CLINICS ARE CONDUCTED BY HEALTH DEPARTMENT PHYSICIANS AND DISTRICT NURSING ASSOCIATION NURSES T.B. CLINICS BY HEALTH DEPARTMENT PHYSICIANS AND NURSES UROLOGIC CLINIC BY A HEALTH DEPARTMENT PHYSICIAN WITH HEALTH DEPARTMENT NURSES FOR THE FOLLOW-UP WORK CITY PHYSICIANS MAKE HOME AND HOSPITAL CALLS ON DEMAND AFTER OFFICE HOURS AND ON SUNDAYS AND HOLIDAYS CALL BUFFALO CITY HOSPITAL OXFORD 3760.

intendent, Department of Hospitals and Dispensaries, or a City Physician. Such articles will include spectacles, glass eyes, crutches, artificial limbs, etc. All appliances and clothing needed by indigent persons in city-owned hospitals which are a part of the cure and can be retained by the institution after patient leaves will be furnished by the Department of Hospitals and Dispensaries. Patients so equipped, upon leaving the hospital, will be outfitted for home wear by the Director of Public Welfare.

In order that you may receive ample report regarding all persons referred to our Department by you for medical examination, the attached report blank will be properly executed by City Physicians and forwarded to the Bureau of Public Welfare in each and every instance. The same blank will be used for reports to private agencies. Attention is called to the fact that information regarding tuberculosis and venereal diseases is confidential under the law and the right of indigent persons in this respect should be guarded by duly accredited officials.

Sincerely yours,

WALTER S. GOODALE, M. D.,
Superintendent, Hospitals and Dispensaries.

The recommendations contained in the above communication were adopted by the Honorable the City Council on Dec. 24, 1919. (C. C. P. pp. 2324)

The accompanying diagram (G) page 18 indicates the investigating agencies which provide the Department of Hospitals and Dispensaries with the reports through which the Superintendent may comply with the State law.

All patients applying for medical or surgical care at public expense are investigated by visitors of the Department of Public Welfare, or by some private agency giving material relief and committed to a sound policy of personal investigation and budgetary report upon each case. This work is well done by men and women trained, in the main in Buffalo, by competent leaders of social service in public or private employ.

It is found to take a fraction over three days to investigate and report to the Superintendent of Hospitals by the Bureau of Public Welfare in the majority of cases, and well over 75% of all applications are reported upon within five days. These are reasonable intervals to allow of adequate inquiry. During the past three months the average interval between application and report upon patients at the Health Center Dispensaries was under five days.

The Bureau of Public Welfare which has been in existence for three years was one of the first municipal bureaus organized in the country to do real social service work, and the visitors were all taken from a civil service list, and each one of them passed a creditable examination. Up to August of 1921, all the Health Center investigations were conducted by visitors in the Family Welfare Division, but on account of the large volume of family welfare work which was taxing them beyond reason it was found necessary to create a new division to handle the dispensary work, and on August 1 of that year, this division, known as the Health Center Division was put in exclusive charge of this work. The visitors selected to handle this have had special training in dispensary work, and in addition to this, two of these visitors speak foreign languages, one Italian and the other Polish, a great asset to them in their work with foreign people. The visitors in the Hospital Division were selected because of their peculiar ability and training in this field and are serving under a leader who has been in social work for the past fifteen years. Speed is not considered in making the investigations. What has been considered and lived up to, is that the investigations must be thorough and fair, to the applicant, to the medical profession, and to the taxpayers, and in each and every instance serious consideration has been given to these points. The recommendations will on the whole stand careful analysis.

A total of 2116 families were carried under the supervision of the Bureau of Public Welfare at some time for general relief, from January 31, 1920, to June 30, 1921. With unemployment in Buffalo amounting to approximately 55,000 men, 50% to 40% of whom are unskilled laborers, according to a statement in the Employment Managers' Association Bulletin, during this period, this number is by no means exorbitantly large.

The total number of persons in these 2,116 families is 10,365. The Family Welfare Bureau is directly responsible for the health care of these persons, which is provided through the City Physicians, the Dispensaries or the Hospitals.

Apart from the individuals of these families, 1910 applications were made for Health Center treatment during the seventeen months. Of this number, 1629 received orders, 281 were refused treatment and advised to secure same from their family physicians or dentists. (Report of Department of Public Affairs p. 49.)

This City Bureau is attempting to carry a tremendous piece of work in a period of economic depression. Its aim is constructive aid through modern case work methods. Any failure in accomplishment both in the matter of investigation and treatment may be easily laid to the volume of work involved, the lack of sufficient trained workers and the high ideals toward which the department is striving. Any better work would involve an increase in staff, some at least of whom should be professionally trained workers. Sufficient addition to the staff, of necessity, would require a considerable increase over the present budget.

OTHER AGENCIES DETERMINING DEPENDENCY

The chief social agencies which give financial assistance, and whose recommendations are accepted by the Bureau of Public Welfare are: The Jewish Federation of Charities, the Charity Organization Society, and several other social agencies dealing less directly with the family as a unit. These agencies have very close relationships with the financial standing of their families. Their investigations, however, carry them beyond a mere investigation of the family finances. These agencies are well able to determine whether the families which they recommend for treatment are able to pay. Their methods appear to be modern, based upon thorough investigations, clearing of cases through the Social Service Exchange to prevent duplication of aid, careful consideration of individual problems and constructive plans for the rehabilitation of the family. As such they are probably better able to judge the ability or inability, desirability or undesirability of free medical treatment than any other individuals or organizations at work in Buffalo at the present time.

The Charity Organization Society issues at intervals a statement of budgetary costs, based on a minimum standard of living for decency. This statement is prepared by the experts of the Charity Organization Society from careful investigations of costs of food, clothing, housing, fuel, etc., in Buffalo at a given time. The Charity Organization Society regularly provides other organizations, particularly the nursing organizations with this statement as a basis of calculating the ability or inability of the patient to pay for nursing and other medical services.

Requests for service from the Bureau of Child Welfare of the Health Department on account of its medical school inspection are accepted by the Dispensaries.

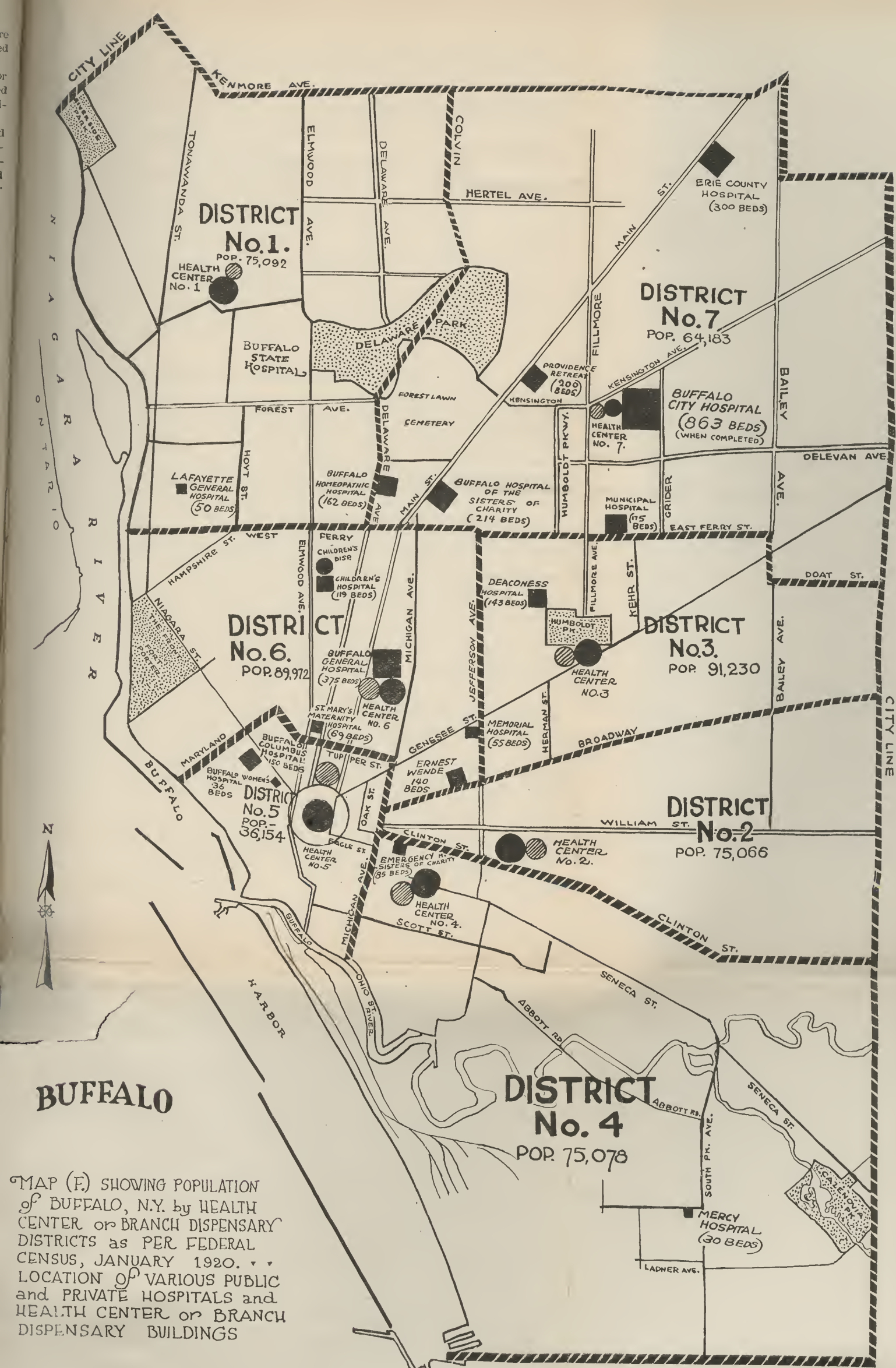
The school nurses of the Department of Health, however, are required by their department to make a budgetary investigation, based on the standard as worked out by the Charity Organization Society for Buffalo, before making application for free treatment for any case.

The rules of the Department of Health governing the treatment of school children are as follows, under "Rules for Medical School Examiner:"

"School Examiners are strictly forbidden to recommend any physician, hospital, or dispensary, or otherwise advise in the medical treatment of the pupils. This, however, does not prohibit them from indicating the disease for which treatment may be necessary. Pupils requiring medical treatment for physical ailments, such as weak eyes, etc., but which would not necessarily prevent them from attending school, should be given notice, on a blank provided by the Department on which the nature of the ailment is stated, and the parent or guardian requested to provide proper medical treatment and to notify the principal what is being done in the matter.

"Each case receiving a recommendation must be followed to its final disposition."

When treatment has not been followed up the nurse arranges for consultation with the parents either by note, personal conference or home visits. If upon investigation,



MAP (F) SHOWING POPULATION
 of BUFFALO, N.Y. by HEALTH
 CENTER or BRANCH DISPENSARY
 DISTRICTS as PER FEDERAL
 CENSUS, JANUARY 1920. . .
 LOCATION of VARIOUS PUBLIC
 and PRIVATE HOSPITALS and
 HEALTH CENTER or BRANCH
 DISPENSARY BUILDINGS

she finds that the family cannot afford the necessary treatment, or themselves definitely refuse to afford it for their children, she assists in making arrangements through appropriate City Departments.

In the six months from January to June, 1921, the report of the "cases terminated" shows:

Pupils treated for defective vision:	
through family	898
through dispensary	880
Pupils treated for defective hearing:	
through family	141
through dispensary	141
Pupils treated for defective teeth:	
through family	2244
through dispensary	3209
Pupils treated for defective speech:	
through family	38
through dispensary	18
Pupils treated for enlarged or diseased tonsils:	
through family	329
through dispensary	239

INVESTIGATION OF APPLICANTS FOR HOSPITAL CARE

There is a separate division of the Bureau of Public Welfare for the investigation of cases for hospital care. This Hospital Division includes three visitors and a director. None of these visitors are professionally trained social workers. The number of visits reported for the year June 30, 1920, to June 30, 1921, was 8287 an average of approximately nine per working day per person. This is a considerable volume of work for each investigator to carry, and probably more than can be carried with absolute assurance of accuracy in every case. However, the department uses methods, such as its clearing of all cases through the Social Service Exchange, which facilitate the investigation of these cases. Much data is obtained in the office before these visits, as by 'phone, or through records of other organizations. The patient or a responsible member of the family signs a sworn statement of inability to pay. Six hundred and seven applicants out of a total of 6361 were refused assistance on the ground that they could afford the services of a private physician or private hospital care. Frequently patients are referred for pay care through an explanation that free care means acceptance of charity. Advice to return to the family physician and explain to him the financial problem which originally sent the case to the Department of Public Welfare frequently results in an agreement satisfactory to all parties concerned.

Applicants are urged to return in partial payments as much as they are able on their bills for hospital care as well as for other relief furnished. Fifteen thousand one hundred and twenty-four and 45-100 (\$15,124.45) dollars was returned in this way to the department last year for hospital care.

It is obvious, however, that no piece of work involving as many difficulties and bringing up so many unsolved sociological problems as this work does can be met with fairness to all concerned, without open and ready co-operation on all sides, the strictest honesty, the use of sound investigative methods and a common desire on the part of all to obtain the best possible medical care for every case.

The Grand Army Relief, the Joint Buffalo City Board, and the Spanish-American War Veterans have independent relief funds according to the requirements of a New York State law. This relief work covers all honorably discharged disabled soldiers, sailors or marines of the United States Army. These departments investigate and meet the same needs as the Bureau of Public Welfare. One inspector is employed by the Grand Army Relief and one inspector and two assistants are employed by the Spanish-American War Veterans. This latter Board reports the necessity of having to add two assistant inspectors in the past year, due to the great increase of applicants.

County cases are the responsibility of the Erie County Superintendent of Poor for investigation and recommendation.

Recommendations by physicians for free care in Dispensary Diagnostic Clinic are accepted without further investigation. This is doubtless because of the general belief that a physician has one of the most intimate relationships with families that is humanly possible. In the light of modern social investigation methods and especially in the changed relation of the physician to his patients in an urban community, this is not, of necessity, true. That physicians have been mistaken in their estimate of the financial ability of patients to pay is a frequent complaint of the social organizations consulted in this investigation. An intermittent illness of either brief or long periods which has resulted in the inability of the patient to carry on his usual work, eventually has led to application for aid to some charitable organization. This in turn has meant the referring of the case for free medical attention as the first and most fundamental step in the financial rehabilitation of the patient. Four specific cases claimed as private cases taken out of the physician's hands by the District Nursing Association were not known to the District Nursing Association at the time, but upon investigation were found to be cases receiving aid from some charitable organization and sent by them to a city clinic.

It was obvious from conversations had with several physicians that they had no definite idea of a minimum budget upon which a family could maintain its health efficiency.

Few foreigners in the Buffalo community who are laborers are now earning sufficient for a minimum basis of living on an American standard. This does not of necessity mean that none of these persons can pay for medical care. It does mean that their medical attention must be supplemented by city aid in order that it be adequate to prevent their falling into the group of the incapacitated at an unnecessarily early age.

The District Nursing Association is another of the organizations which may refer cases to the dispensaries (not hospitals) without further investigation by the Department of Public Welfare. The Organization rules covering this privilege (as printed for all newspapers February 1922), are as follows:

"Where a nurse is called to a case where there is no physician and the family declare themselves unable to pay one, the nurse shall fill in prescribed form, referring to income and expenditures, and balance same with Charity Organization Society budget form. If family income is below family budget as declared by Charity Organization Society, the family shall be referred to Health Center for city physician or dispensary care. Under no other circumstances shall free medical care be advocated.

"When a baby attending a well baby clinic is found by the physician in charge to be suffering from any form of disease, and referred to a district nurse, the mother of such child shall be referred to the family physician, to ask for orders for nursing care. If there is no family physician, the nurse shall proceed as per rule 4.

"No case can be carried for more than one visit without a physician in attendance."

The percentage of all applicants disapproved for free care whether in hospital or elsewhere varies between seven and ten.

HOSPITAL AND DISPENSARY COSTS COMPARE FAVORABLY

The costs of hospital and dispensary services are best expressed in terms of patient days and dispensary visits.

For the fiscal year ending June 30, 1921, the 178,837 dispensary visits cost seventy cents a visit, which compares favorably with the cost of services of similar quality in New York and Boston:

Mount Sinai Hospital, New York City	\$.84 per visit, 1921
St. Luke's Hospital, New York City62 per visit, 1921
Orthopaedic Hospital, New York City95 per visit, 1921
Presbyterian Hospital, New York City	1.31 per visit, 1921
Post Graduate Hospital, New York City32 per visit, 1921
New York Hospital, New York City88 per visit, 1921
Boston Dispensary, Boston82 per visit, 1919

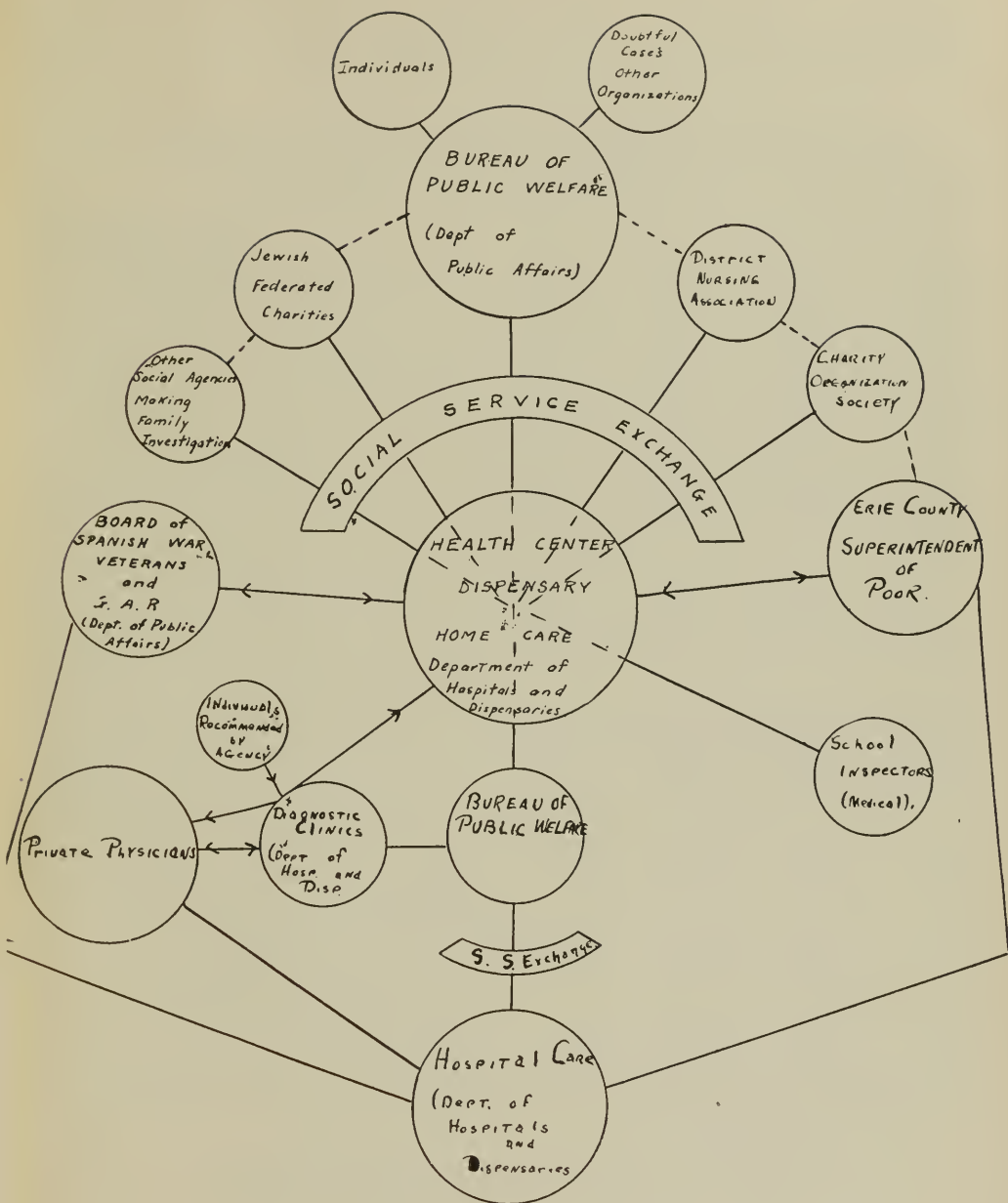


DIAGRAM (G) Investigating agencies which provide the Department of Hospitals and Dispensaries with reports on the financial rating of all sick applicants for free medical or surgical treatment. See Page 15.

COMPARISON OF EXPENDITURES BY DEPARTMENTS AND PER CAPITA
COST PER PATIENT PER DAY FOR THE FISCAL YEARS
ENDING JUNE 30, 1918, 1919, 1920, 1921.

COST PER PATIENT PER DAY FOR SOME NEW YORK CITY AND BROOKLYN HOSPITALS.

19

The cost of hospital care per patient day of service in the twenty-one hospitals of Cleveland ranged in 1918, from \$1.69 to \$4.60, and in 1919, from \$2.00 to \$5.62. It was found that the minimum costs reported did not represent the true per capita costs.

The system of costs and accounting employed in the Department of Hospitals and Dispensaries is of the best, and it is believed by your investigators that there is no better hospital accounting system, and few as good, in any other hospital in this country. From time to time the accounts are audited by a certified public accountant. The expenditures are carefully tabulated and are open for inspection to accredited individuals. In going over the statements showing the appropriations and disbursements, the bookkeeping methods are found to be of the very highest order and any information reasonable to require can be immediately obtained. New forms are being used where such changes will simplify and improve the system.

AFFILIATIONS WITH OTHER PUBLIC AND PRIVATE INSTITUTIONS AND AGENCIES

The Department of Hospitals and Dispensaries has affiliation of a formal and functional character with the University of Buffalo Medical School, similar to the arrangements between many of the best hospitals in our larger cities and other medical schools, except that in Buffalo the completeness of the medical services offered and of the control of the professional positions for teaching purposes in the hospital is unusual and redounds to the credit of both institutions.

Hospital and dispensary care of the sick is almost uniformly better in those public institutions where the teaching of physicians and nurses is a fundamental part of the work of the attending staff, and where the spirit of research, inquiry and progress that is inseparable from student life among doctors and nurses prevails. Of the one hundred and seventy-one members of the visiting medical staff of the Department of Hospitals and Dispensaries, sixty-two were not members of the teaching staff of the Medical School at the time of their appointment.

It is possible that with the further development of nursing education, the nursing school as well as the medical school will be chiefly, if not wholly, under the educational direction of the University, instead of a division of the hospital administration as at present. There is much to be said in favor of the didactic and laboratory courses required for nursing education being offered by universities rather than by the relatively less well equipped hospital establishment.

Buffalo, N. Y., November 23, 1920.

BULLETIN.

ATTENDING STAFF:

At a meeting of the Board of Managers, held October 8, 1920, the following staff rule was enacted:

"During the period a member of the Attending Staff of the Department of Hospitals and Dispensaries is on service in the hospital wards, he will also be responsible for a similar service in the diagnostic and treatment clinics."

At a meeting of the Board of Managers, Department of Hospitals and Dispensaries, held November 10, 1920, the following resolution was adopted and ordered printed in connection with the Attending Staff rules:

"Whereas, the Department of Hospitals and Dispensaries of the City of Buffalo, N. Y., has organized a voluntary attending staff of physicians and surgeons, the same being divided into sections, namely—medicine, surgery and dermatology, etc., each section being headed by a physician holding a corresponding professorship in the University of Buffalo Medical Department; and

Whereas, such section chiefs of the voluntary attending staff of the Department of Hospitals and Dispensaries are on service continuously and in full charge of the attendings and associates of their sections whose terms of service they regulate, and as section heads are responsible for the proper administration of their sections; and

Whereas, all available clinical cases and specimens in the Department of Hospitals and Dispensaries are at the disposal of the University of Buffalo Medical Department, through its various professors for teaching purposes; and

Whereas, it is to the mutual advantage of the Department of Hospitals and Dispensaries and the University of Buffalo Medical Department that a close interrelationship shall exist between these organizations, through the medium of a voluntary attending staff of physicians and surgeons, be it

Resolved, that the Board of Managers of the Department of Hospitals and Dispensaries shall appoint as members of the Voluntary attending staff of physicians and surgeons of the aforementioned department only those applicants who have been approved by the University of Buffalo Medical Department."

WALTER S. GOODALE, M. D.,
Supt. Hospitals & Dispensaries

RELATION OF BUREAU OF PUBLIC WELFARE AND DEPARTMENT OF HOSPITALS SUITABLE AND EFFECTIVE

The liaison or cooperation between the Department of Public Affairs through its Bureau of Public Welfare and the Department of Hospitals and Dispensaries has been described, and it is quite apparent that there is mutual trust and respect and a proper sharing of responsibilities between these two public services. Although excellent arguments can be brought up for the placing of all investigating work for establishing the true economic status of applicants for free hospital or dispensary care under the Superintendent of Hospitals, it is probable that economy and uniformity are better provided by the present system. As long as social service and family investigation can be handled on the whole with so small a margin of error as is discovered under existing circumstances, it would appear to be an unnecessary expense to duplicate within the city administration and under a department already burdened with an elaborate and highly technical public service, what is now well organized under the Department of Public Welfare.

CLOSER CONTACT BETWEEN THE HOSPITAL AND HEALTH DEPARTMENT DESIRABLE

The contact between the Department of Hospitals and Dispensaries and the Department of Health is by the nature of their functions constant and intimate, and would be so whether or not the latter department availed itself as under the present economical arrangement of the space and facilities of the Health Center Dispensaries for carrying on the Tuberculosis, Urologic and Well Baby clinics.

In dealing with tuberculosis patients and with the hospitalized cases of the other communicable diseases, the Department of Hospitals and Dispensaries is, as it were, the servant of the public health. As it is in the hospitals that we find the accumulated results of our failure, or neglect, or inability to prevent disease of a totally disabling degree, so it is at the dispensaries where early detection, accurate diagnosis and appropriate preventive treatment make the best contributions to public health. It has been truly said that dispensaries are the front and back doors of the hospitals, and it is becoming recognized with increasing clearness that only by providing generously for detection of disease or disorder among the presumably well at a curable stage of the conditions by periodic health examinations, can we accomplish permanent reduction of occupational diseases, tuberculosis and venereal diseases, cure of many mental diseases, correction of the physical defects of childhood, and save many a victim from unnecessarily early death from cancer, diabetes and heart disease.

There is still a wide field for closer and more profitable cooperation between the two public departments dealing with health and disease, and there seems no reason to suggest any radical change in the distribution of their respective duties. There is no criticism to be brought against the mutual handling of the tuberculosis patients who are now hospitalized, some in advanced stages at the City and Municipal Hospitals and the great majority of the early and curable cases at Perrysburg. It would take a special inquiry to determine the relative cost and excellence of clinical and social results of care of the tuberculous at Perrysburg and in the hospitals within the city.

It is generally agreed by the medical profession as expressed by the approval of the House of Delegates of the American Medical Association in June, 1921, and by the appeal of the Surgeon General of the U. S. Public Health Service that provision for the tuberculous should be a part of the function of every general hospital. Furthermore it is more and more widely recognized that great benefits accrue to the patients and to the education of physicians from having the staff of a well organized general hospital readily available for consultation and care of the tuberculous.

ERIE COUNTY HOME UNSUITABLE FOR THE SICK

One other public institution for the care of the sick, which has a bearing upon the present functions and future development of the Department of Hospitals and Dispensaries, is the Erie County Home. For many years this Almshouse, only by courtesy called a hospital, has been recognized as unfit for what is meant by modern scientific care of the sick. Its construction, equipment, personnel and management are not of the kind which can promise anything more than a routine domiciliary care, with the most elementary and inadequate medical and nursing supervision of its inmates. This hospital is no place for a training school for nurses, and only by collecting in various ways a few acute medical, surgical and obstetrical patients, can any modicum of suitable material for training be provided. The decrepit, the incurable, the paralytic, the derelicts of age and a life of destitution, who make the bulk of the inmates, should receive something more approaching professional care than they do now.

The City Hospital when completed, should receive all such patients, and the Erie County Home should be closed for the sick.

The appearance of economy in providing a boarding place for incurables at about two dollars a day should not deceive the people of Buffalo and Erie County into considering that they are providing anything really worth while, for the Erie County Home has no proper place in a decent scheme of hospital care.

THE DISTRICT NURSING ASSOCIATION AN IMPORTANT FACTOR IN THE PUBLIC HEALTH WORK OF ERIE COUNTY, N. Y.

The Department of Hospitals and Dispensaries has constant and necessarily intimate contact with all the private agencies offering relief or welfare services, but the dependence of the entire hospital and dispensary system of the city as well as of many of the preventive services of the Health Department, upon the District Nursing Association makes it important to give in brief a sketch of this organization which is carrying many functions elsewhere thought to be properly borne by the public departments, and has been implicated in every move for improvement of public welfare in Buffalo in recent years.

The Buffalo District Nursing Association has been in existence about thirty-three years. It has a Board of Directors composed of twenty-five women. Besides the usual committees of such an organization, there is a Men's Advisory Committee of four, of whom one is a lawyer. There is no physician on this committee. There is no responsible medical advisory board or committee of this organization to which it may turn for advice and decisions on problems relating directly or indirectly to the medical profession. The budget for 1922 is \$85,000.

The staff of the District Nursing Association is composed of one Superintendent, one Assistant Superintendent, five Supervisors, forty field nurses and five aides. The requirements for membership on this staff are,—registration in New York State, graduate in good standing from a recognized training school of fifty beds with an average of thirty patients at the time of graduation. (There is only one exception to these regulations among the present staff, an excellent nurse, registered in New York State, who graduated from a hospital of less than fifty beds at the time of her graduation). All the staff have had at least two years in High School before entering training and some have had considerably more. This means that the staff is of better than aver-

age grade, as generally determined. The Director is a woman of unusual ability and excellent standing in the nursing profession in every respect.

The salary schedule is moderate, \$95 to \$125 per month for field staff plus uniforms. This amounts to about an average in comparison with other organizations.

The calculated cost per visit for nursing care is \$.65. This compares remarkably favorably with other organizations whose costs in some instances amount to as much as \$1.00 per visit.

The services rendered at the present time by this association include general bedside care of all cases including communicable diseases and tuberculosis; infant welfare and attendance at Infant Welfare Conferences in all the centers of the Department of Health; attendance at Baby's Treatment Clinic, Central Clinic, Department of Health; Social Service work in connection with the Diagnostic Clinic. The delivery attendance service which was in operation, has had to be discontinued for the present because of lack of sufficient funds.

New nurses receive instruction in technique and methods. Frequent supervisory visits are made in the clinics, (about half of the supervisor's time is taken in this supervision). Visits with the field nurses, by the investigator indicate that the technique of care is excellent. The contact with the patients and families is good. There is no indication in the work, as observed nor in conversations with the nurses, of anything but the most cooperative attitude towards the physicians.

Other nursing services of the City are carried on under the Board of Health. There are twenty assistants and one supervising nurse in the Bureau of Child Hygiene. These nurses are assigned for the school and pre-school medical inspections, the correction of defects and exclusion of communicable disease; the supervision of cases delivered by midwives; inspection of children's institutions.

In the Division of Tuberculosis of the Bureau of Communicable Diseases, there are nine assistants and one supervising nurse for clinic and follow-up tuberculosis work.

In the Division of Venereal Diseases of the same Bureau there are two nurses, one man and one woman, for clinic and follow-up work.

In the Bureau of Public Welfare of the Department of Public Affairs there is one nurse investigator who visits all cases of communicable disease which come under the supervision of the Department of Health.

Before 1915, the District Nursing Association was not responsible for any infant welfare work. In 1915 the "Baby Milk Fund" turned over its clinics, milk dispensaries and farm to the District Nursing Association. In 1916 an agreement was reached by the Department of Child Hygiene of the Board of Health and the District Nursing Association, as described in the following letter from the Commissioner of Health:

"August 16, 1916

"The present Six Baby Welfare Stations, conducted by the District Nursing Association will be amalgamated with our Health Center Free Dispensary in this fashion, that the physician in charge of the same be transferred to our Health Center staff, but that the nurses of the District Nursing Association continue as at present. Further, that we withdraw our Baby Welfare nurses - - - - and the District nurses be substituted therefor. Also that a sufficient number of Baby Welfare stations be established properly to cover the entire city.

"The District Nursing, of course, would remain under the jurisdiction of your association working in cooperation with our Board of Health and Dispensary, according to a plan approved by the Health Center Advisory Committee. Such an agreement would make it possible for me to check up every infant born in the city of Buffalo and keep each one under surveillance for a period of at least two years."

The work has been carried on according to this plan ever since.

The field work as arranged by the District Nursing Association was divided into a Baby Welfare Division and a General Division with separate groups of nurses for each

part of the work. In October, 1921, this work was combined (generalized) so that all of the field staff at the present time carry both types of work. A District Nursing Association's nurse attends the Sick Baby Clinic and arranges for the follow-up work. Another District Nursing Association nurse attends to the follow-up work for the Diagnostic Clinic at the Buffalo City Hospital. The total number of visits made for the last periods of three months are as follows:

	To September 31 1921	December 31, 1921	March 31, 1922
Infant Welfare ..	21,247	23,772	22,159
General Nursing ...	15,704	17,609	18,924
Total	36,951	41,381	41,083

(This means a substantial gain in efficiency since generalization inasmuch as the total costs of these services have decreased together with an increase in visits. The increase of 1,315 General Nursing visits more than balance the decrease of 1,613 in Infant Welfare visits, inasmuch as the general visits require considerable more time than the Infant Welfare visits. January, February and March represent the heaviest months of acute nursing in any visiting nurse service.)

During 1921, 7,363 children under three years of age were visited, among whom there were 103 deaths. At present (March, 1922) there are 3,288 cases enrolled in the twenty Baby Welfare Stations. Babies are carried to three years of age. Among the 3,625 babies under one year under care in 1921, there were 49 deaths.

The duties of the nurse at these stations consist in preparing the rooms for the patients and the doctor, weighing the babies, registering new babies. Advice concerning diet is given by the doctor, who is always present at these conferences. Twenty-five and three-tenths per cent. (25.3%) of all the babies born in Buffalo in 1921 were under care at well baby clinics.

BABY WELFARE WORK LAGS IN BUFFALO

That Buffalo is not doing as much for the protection of the lives of babies as many other cities of the United States can be seen from the following tabular statement:

Infant Welfare Clinics

Cities over 500,000 population

	1920 No. of births.	No. infants under one year under observation.	Infants under care per 1,000 births.
New York, N. Y.	130,308	54,932	421.6
Philadelphia, Pa.	41,924	9,671	230.7
Detroit, Mich.	25,625	8,057	314.4
Cleveland, Ohio	18,393	3,881	211.0
Buffalo (1921)	13,222	5,125	380.9

Cities of 250,000 to 500,000 population

	1920 No. of births.	No. infants under one year under observation.	Infants under care per 1,000 births.
Washington, D. C.	8,098	4,539	560.5
New Orleans, La.	9,264	4,636	500.4
Indianapolis, Ind.	6,728	2,944	437.6
Jersey City, N. J.	6,525	2,974	458.5
Denver, Colo.	4,761	1,269	266.5

Cities of 250,000 and under

	1920 No. of births.	No. infants under one year under observation.	Infants under care per 1,000 births.
Columbus, Ohio	4,267	1,386	324.8
St. Paul, Minn.	5,167	1,640	317.4
New Haven, Conn.	4,388	1,798	409.8
Grand Rapids, Mich.	2,810	1,039	369.8
Nashville, Tenn.	2,462	1,800	731.1
Lowell, Mass.	3,300	3,183	964.5
Wilmington, Del.	2,800	1,167	416.8
Cambridge, Mass.	2,757	977	354.4
Reading, Pa.	2,388	2,228	933.0
Elizabeth, N. J.	2,695	1,041	386.3
Utica N. Y.	2,292	1,246	543.6
Erie, Pa.	2,479	1,263	509.5
Schenectady, N. Y.	1,965	765	389.3

An ill baby in a Well Baby Conference is dealt with according to the following rules:

(Rule No. 8)

"When a baby attending a well baby clinic is found by physicians in charge to be suffering from any form of disease, and referred to district nurse, the mother of such child shall be referred to family physician, and ask for orders for nursing baby. If there is no family physician, the nurse shall proceed as per rules Nos. 3 and 4."

(Rule No. 3)

"Cases able to pay from ten cents per visit up to one dollar, are requested to do so, the rate to be decided by nurse after consideration of family resources. Cases whose income shows them unable to pay, carried free of charge. Cases referred by any relief agency carried free without question." (This for nursing care.)

(Rule No. 4)

"Where nurse is called to case where there is no physician, and family declare themselves unable to pay one, nurse shall fill in prescribed form referring to income and expenditures, and balance same with Charity Organization Society budget form. If family income is below family budget as declared by Charity Organization Society, family shall be referred to Health Center for city physician or dispensary care. Under no other circumstances shall free medical care be advocated."

A study of the disposition of sick babies which came into Well Baby Clinics from March 29 to April 8—110 cases show:

- 66% went to private physicians
- 18% to Central Clinic or called upon by city physician.
- 15% no care to date.

The physician in charge of the ill babies (i.e., under three years of age) referred from the Well Baby stations is under the Department of Health—not under the Department of Hospitals and Dispensaries.

It will be recognized that the policies of the Well Baby stations are in no way dependent upon rules of the District Nursing Association. The nurses are carrying out the rule and policies of the Department of Health in every instance. Except for the

fact that the Well Baby Clinics are held in the rooms of a Health Center, there is no connection between this work and the Department of Hospitals and Dispensaries.

OBJECTIONS OF PHYSICIANS

From letters of physicians and conversations with them, it is obvious that they do not understand these policies nor the authority for them. Several insisted that no nurse has a right to invite a well baby to the station who may be able to afford a private physician. They object particularly to the statement of the District Nursing Association as published in February, 1922.

"When service in maternity case is completed, nurse shall inform mother of modern public health methods of 'Keeping her well baby well' and advise her to take her baby to her family doctor regularly in every case where physician has system of supervision of well babies. Nurse shall also tell mother of nearest welfare clinic for babies, in case her doctor does not supervise well babies."

This, of course, is simply following up the plan of the Department of Health. It is also the policy of the most effective organizations doing Baby Welfare work in other cities in this country.

Physicians claim that undue pressure is put upon mothers to attend the clinic. With a proportion of one nurse to every 6,419 persons in the City of Buffalo, it stands to reason that an excessive amount of infant welfare work is not being done. The proportion of nurses for the largest cities of the United States is as follows:

Boston	1 nurse to 2691 of population
Cleveland	1 nurse to 3887 of population
New York	1 nurse to 4011 of population
Detroit	1 nurse to 4023 of population
Pittsburgh	1 nurse to 4231 of population
Chicago	1 nurse to 5371 of population
Baltimore	1 nurse to 6271 of population
St. Louis	1 nurse to 6496 of population
Philadelphia	1 nurse to 7180 of population

The District Nursing Association denies that any intensive canvassing is being done (although this would be certainly justifiable in the face of an infant mortality of 105 in 1920). A study of the records for six months showing the source of dismissed cases in the Well Baby Conferences is as follows, taken from the statements of mothers discharged with well babies during the six months, October, 1921 to March 1922:

From Family	70%
Friends	13%
Nurse	9%
Social Agencies	2%
Doctors	3%
Hospitals	3%
Health Dept.	2%
Health Center	2%

In interviews with five or six of the more well-to-do mothers at the Clinic which draws from the highest economic group of any of the clinics, it was found that all of the mothers had had the attention of a private physician at time of confinement. Three of them had had obstetricians who "did not give care to babies"—after the discharge of the confinement case. Each of these women said she had not been told by her family physician nor by the obstetrician to take her baby to be weighed at regular intervals nor

had she been given any specific instructions concerning the relation of weight to diet and diet to age. Three of these mothers had their first babies. Each of the five interviewed had been urged to attend the clinic by neighbors who apparently are insistently enthusiastic.

Aside from criticisms of the District Nursing Association in its relation to the Well Baby Clinic, there have apparently been other sources of irritation.

Chief of these is a rule of the Association, made about six years ago, regarding the care of the eyes of the newborn. The history of this goes back to a case in which a baby lost the sight of one eye. As a result of this case, the Association understood that they were required by the Department of Health to carry out the following rule:

"In all maternity cases, nurse must ask either physician or family if drops have been put in baby's eyes. The law of New York State holds the nurse or other attendant equally responsible with the physician to see that this is done, and she must protect herself and the Association. Should sore eyes develop in a child at a later date, nurse must report at once to doctor. The Buffalo Department of Health compels the nurse to report cases of sore eyes if physician does not."

Apparently the nurses have not always been tactful in carrying out this regulation. The difficulties involved are obvious but no objections had been voiced to the Association until very recently. As soon as the Association realized that unnecessary difficulties were being caused by this rule, it was withdrawn (March, 1922).

Complaints against the District Nursing Association in its ethical relations to the medical profession have been voiced in the investigation of the Department of Hospitals and Dispensaries which is being carried on. It is claimed that the nurses of this Association persuade patients to go to other doctors and to the Health Center Clinic rather than to their family physicians. A list of twenty-seven reported instances was received. (The District Nursing Association served 429 doctors according to their records in 1921.) Twelve of these either wrote to the Board, telephoned or appeared in person with their complaints.

Aside from these general complaints involving policies of the Well Baby Clinics and one or two criticisms concerning inquiries about drops in eyes of the newborn, two cases were cited in which nurses are supposed to have sent patients to hospital without the consent of the physician. One of these cases was sent to the hospital by a Y. W. C. A. worker who had had charge of the case as one of illegitimacy before delivery. The name of the second case was refused, hence no investigation could be made.

Because of the criticisms which have arisen and because no District Nursing Association can work successfully without the interested and informed backing of the medical profession, it is recommended that a Board of Medical Advisers be appointed to be recognized for advice on questions dealing with medical practice and professional relationships.

For the benefit of the nurses themselves, as well as for a definite understanding on the part of the public and physicians, there should be a more concise and explicit set of fundamental rules governing the work of the field nurse. There should also be a printed statement of the rules of the Well Baby Clinics and Free Dispensaries under which the District Nursing Association works.

In order to enhance the value of the work at present being done a more complete record of infant welfare work is also recommended. It is obvious from this investigation that in order to make it possible to appraise the work, considerable emphasis must be placed on the keeping of sufficient statistical records.

It is suggested that consideration be given to the possible value to the Association of case cards which can be used for reference by the individual nurse in order that more progressive and constructive work on an individual case may be done over a period of time.

As a method of reducing further the infant mortality, as well as the maternal mortality, it is recommended that more effort be put upon the development of the prenatal work. In order to do this it will be necessary to seek the aid of the obstetricians in Buffalo for methods and backing in this work.

The Association is commended especially for its good methods of supervision, excellent technique in the home care of patients and general good standards of nursing work.

COMPLAINTS AGAINST THE SERVICES OF THE DEPARTMENT OF HOSPITALS AND DISPENSARIES.

At no time during the investigation has there been heard any complaint from patients in hospitals, or at dispensaries or among those discharged from care that there had been any indifference to their reasonable needs or carelessness or inadequacy in the professional care offered to them. This of itself speaks volumes for the quality of human service which is so often lost in the operation of a large municipal hospital.

There have been very few instances in which patients have been referred to the City Hospital that some means has not been found to take care of them. One of the complaints made by the physicians regarding any contemplated enlargement of the present city hospital is that the other hospitals in the city would be deprived of a large number of ward cases and that in some instances it would mean a large loss financially to these institutions, to say nothing of the loss of clinical material which is so necessary in the instruction of nurses and internes. The facts regarding this complaint are that nearly all of the hospitals in Buffalo for the past three months have been overcrowded and the City Hospital has not been running full capacity in all departments. In only the past three weeks have any patients who have applied for admission and who are suitable cases, been denied. Since the 8th of March there have been fifteen patients refused admission. A list of these patients with diagnosis is attached.

Women patients who have applied for admission to Buffalo City Hospital and been refused, March 8 to 28, 1922, inclusive:

1922	Diagnosis	1922	Diagnosis
3- 8	Fibroid	3-14	Acute appendix
3- 8	Heart	3-18	Pneumonia
3- 8	Heart	3-21	Appendicitis
3- 9	Senile	3-24	Medical
3-10	Surgical	3-24	Surgical
3-10	Impetigo	3-25	Medical
3-13	Cancer	3-25	Medical
3-28	Spinal Curvature		

Very seldom is it impossible to take care of men patients. Alcoholic patients (both men and women) have been placed in psychopathic instead of medical and surgical wards when it is impracticable to find room elsewhere. The medical and surgical floor of the Women's Department is as a rule always overcrowded. Women patients often must be sent to other hospitals or be held until room can be made by discharges.

CHARGES OF EXTRAVAGANCE NOT SUPPORTED

Charges of extravagance in the form of personnel, maintenance or operation have not been substantiated by any facts that your investigators have learned, and it is believed improbable that any such complaints by citizens can be sustained in the face of the accurately kept and readily accessible records of expenses, and taking into account the cost of similar services elsewhere.

It is quite true that the City provides hospital care for indigent patients chargeable to Erie County at a figure far below the true cost of the services rendered. This is more an apparent than a real injustice and can be corrected so far as the Department of Hospitals and Dispensaries is concerned by a new contractual agreement with the County authorities by which the charge for the patient day will be based on the

actual expense of service. If such an agreement should be reached, it would result as a matter of fact in little more than a book keeping adjustment between the City, which pays about 85% of County expenses, and cares for about 90% of the County cases, and the County, which cannot justify the provision for its patients in any other satisfactory manner. At the same time it should be arranged that the County would pay at the same rate, i. e., cost of service, for its patients cared for in the various private hospitals of the city, to avoid what might otherwise occur in the way of discrimination against the City Hospital.

ABUSE OF FREE TREATMENT

That free or part pay hospital and dispensary care has been, and is occasionally given to those able to pay reasonable charges to hospitals or private practitioners of medicine, is not denied and it is probable that from time to time fraudulent claims for relief and medical care will be allowed to the loss of the taxpayer, and to the physicians of the community. That such abuse approaches fifty percent of applicants, as has been claimed, or that it exists to the extent of five percent of the general run of all patients treated in the year by the Department of Hospitals and Dispensaries, is most unlikely and has not been shown by any evidence submitted to your investigators, nor discovered by their own rather wide but brief contact with patients under care during the past six weeks.

The complaint of common abuse of free medical services can be maintained, if at all, in regard to certain of the activities in the interest of health protection and the control of the communicable diseases tuberculosis, syphilis and gonorrhea. The Well Baby Clinics operated by the Department of Health are identical in function and in their relations to the medical profession with those in operation under public and private health agencies in the better governed cities of the country, and any attempt to restrict the use of these stations of health education to the poor, would be as much a violence to the principles and practice of a democratic form of public service as would be limitation of public school attendance to the poor.

All reasonable precautions are thrown around the provision of free care for sick babies, but until physicians serve their patients as generally and competently in preservation of their health as they do in the relief and treatment of sickness, no just complaint can be made that the city is now engaged in an educational and health activity, which should ultimately and at the earliest possible date be handled in the main by private practitioners.

With regard to the criticisms brought against the municipal free clinics for tuberculosis and venereal diseases, it would appear that the character of sanitary and epidemiological supervision provided by the Department of Health is of better character than the economic and social investigation of the patient's ability to pay. This falls entirely outside the scope of our inquiry, but it may be noted that some of the complaint of loss of practice in urology has arisen because of the increasing tendency on the part of all kinds of patients to have recourse to specialists, of whom the number in the field of urology has increased from four to twenty in Buffalo in the past ten years, rather than to abuse of the free clinic for venereal diseases.

Certainly the prevalence of non-employment in the past eighteen months must have been a potent factor in increasing free dispensary care to the reduction of incomes of those practitioners of medicine who serve particularly the wage earner.

That there is some basis for criticism is shown from the fact that answers to a questionnaire sent out by the Erie County Medical Society to six hundred and sixty-eight physicians, resulted in the reporting of seven instances of fraudulent applicants treated by the Department of Hospitals and Dispensaries, and one instance where the Department of Health provided medical care. As against this almost insignificant incidence of error, we see the steadily increasing confidence of the profession in the honest and high quality of services offered by the public departments, since of the eight hundred physicians in Erie County three hundred and five sent in seven hundred and fifty-two pay patients to the City Hospital in 1921, and two hundred and seventy-two sent in seven hundred and seventy-two patients to the free diagnostic clinic in the past two years. During the same period of two years the City Physicians referred

twenty-five hundred and seventy-seven patients for special diagnostic service, and charitable organizations sent sixty-one.

The names of many more physicians, and some of them the most active complainants against free service, appear on the daily blotter of the patients referred to the urologic clinic for free treatment, than there were members of the Erie County Medical Society who registered complaints of abuse of service by fraudulent applicants.

It is interesting to note in passing that of the eight hundred physicians in Erie County two hundred are engaged in medical work of some kind for the federal, state or municipal governments for pay.

If the estimate of ten per cent of any modern industrial city population infected with venereal diseases, holds for Buffalo, we might expect as many as fifty thousand patients needing medical care. If we accept the figure of four and forty-seven hundredths per cent (4.47%) of the men from Buffalo found to be suffering from venereal disease among the second million drafted men, and that ratio is applied to the present entire population of the city we have an estimate of twenty-two thousand three hundred and fifty cases of venereal disease in the city. There were twenty-one hundred individuals treated for venereal diseases at the free urologic clinic at Health Center No. 5, under the auspices of the Department of Health in 1921. If we consider that even ten per cent of these were able to pay this could hardly account for the ninety-five per cent reduction in income from such patients, which has been complained of by a considerable group of physicians. It is doubted if any such claim would stand careful analysis.

Many minor complaints and criticisms have been registered and it will save time and space to pass directly to the recommendations offered by your investigators rather than to engage in a discussion of the merits of the complaints.

The opinion expressed by physicians in Cincinnati in response to an inquiry addressed to them by a committee of the Erie County Medical Society is held to be as true for Buffalo, to the effect that such abuses as exist or are likely to develop in the provision of medical services for the indigent can be prevented and corrected by good social service.

It would appear in Buffalo that there is lacking that spirit of professional fellowship and mutual confidence and respect which must be created and cultivated if the five medico-social professions, medicine, nursing, pharmacy, dentistry and social service, are to achieve the results the community has a right to expect, and each develop within its own special field to its full possibilities without sacrifice of the independence or adequate financial emoluments of any one of these necessarily allied professions.

It is believed that once the public recognizes the need for adequate social service and the physicians accept this new group of associates as trusted allies, the present roughness and mistakes due to misunderstanding and insufficient support will largely disappear.

It must be a matter of common knowledge among physicians of Buffalo as it is elsewhere that the great reduction in the incidence and deaths from preventable diseases during the past twenty years has been the main factor in altering the character of medical practice and changing the sources of income.

RECOMMENDATIONS.

General.

1. There should be formed in Buffalo, possibly as a natural development of the present Citizens' Committee, a Public Health Committee of Buffalo or of Erie County, including in its membership not only such citizens as at present compose the committee, representatives of the professions dealing with the prevention and treatment of the sick and of the private and public agencies engaged in health protection and medical care and treatment but also representatives of the University of Buffalo and of important labor groups and such groups of business men as the Chamber of Commerce, the Rotary Club, the Kiwanis Club, etc.

2. All the hospitals in the City of Buffalo should associate themselves, preferably through a Central Council for discussion and establishment of hospital policies and public practice for institutional care of the sick, and to provide for such large economies as could be obtained by joint purchase of supplies.

3. A survey of all the public and private activities dealing with health protection and diagnosis and treatment of disease should be made, preferably by the Buffalo Foundation or under its auspices. By making such a survey gradually and in co-operation with the various agencies and public departments concerned, the educational value of such a study will be much enhanced and the cost would be reduced far below what would be needed if the undertaking were put into the hands of experts engaged from elsewhere.

4. Agreement with the Board of Supervisors of Erie County should be reached with regard to the discontinuance of the Erie County Home as a place for the care of the sick. All patients coming under the jurisdiction of the County should be cared for by the general hospital service provided by the Department of Hospitals and Dispensaries of Buffalo.

5. Provision should be made for the proper institutional care of the many feeble minded children and adults who are known to the public and private agencies and are constantly serving as a cause of family dependency and social disorder.

6. Provision should be made for the care of chronic and incurable diseases, such as are not properly provided for in a general hospital, under the auspices of the Department of Hospitals and Dispensaries, either on the grounds of the City Hospital or in the outskirts of the City where a less expensive site can be obtained.

7. Provision for the care of convalescent patients would relieve the public and private hospitals of considerable expense and make complete and secure many of the recoveries in which the patient's health is jeopardized by the necessary, but frequently too early discharge from medical surveillance.

DEPARTMENT OF HOSPITALS AND DISPENSARIES

8. The Ernest Wende Hospital for communicable diseases and the Municipal Hospital should be closed at an early date as soon as the completion of the City Hospital and the equipment of its present unfinished ward buildings permit of adequate accommodation for the patients from these other two hospitals of the Department.

9. The personnel of the Department of Hospitals and Dispensaries should be supplemented by a small group of six occupational aids skilled in applying the methods of Occupational Therapy to all classes of patients.

10. There should be added also four Social Workers as a necessary part of the staff of the City Hospital whose duties should include the following up of patients on discharge to make sure that they do not lose the benefit of medical care at the hospital because of failure to follow the resident physicians' advice or through lack of contact with such medical care as they can afford, or should be provided them at public expense.

11. There is needed also to meet the best practice of hospital administration, a credit investigator to determine the charges which may properly be borne by those patients who can pay part or all of the cost of their hospital and medical care, such an agent to make all possible use of the field agents of the public and private Bureaus and Societies which offer material relief to the needy.

12. The full cost of hospital and medical care should be charged to the County, to Workmen's Compensation and to all private individuals able to pay for the full cost of their care, such charges to include as a proper part of general hospital services, the expense of X-ray or other laboratory examinations and treatment which may be considered appropriate and necessary for each patient.

13. It is recommended that the Central Diagnostic Clinics for adults and children be maintained as at present. The organization of this service is considered to be a distinct advance over the public service provided by any other municipal hospital in the country. Investigation of those referred to the diagnostic clinics should be made only when they request free treatment. With seventy-five per cent of the patients referred now coming from City physicians and twenty-five per cent referred by private practitioners, the educational value of this central diagnostic service ranks high among the institutions of the City.

14. Approval is also given to the use of pay and free laboratory services for physicians of Buffalo as now provided by the City Hospital.

15. The policy of including among the patients suitable for care in a general municipal hospital, tuberculosis, venereal disease, the acute communicable diseases and mental diseases, is heartily endorsed as meeting most effectively the needs of preventive medicine and the training of physicians and nurses. In connection with this it is considered proper to urge the inclusion of the tuberculosis, venereal disease and communicable disease services among those in which the pupil nurses receive part of their general training in medicine and surgery, as it is believed that experience in these large groups is often sadly neglected due to insufficient hospital provision for the care of such patients, and that properly directed training in the care of these patients is equal in value to training in general medical and surgical wards.

It is urged that the Board of Managers prevail upon the New York State Department of Education to adapt its ruling in regard to the requirements of nursing education to meet the modern development of a well-conceived general hospital such as the Buffalo City Hospital is properly considered.

16. It is recommended that the free ward patients in the City Hospital be kept as at present under the care of the organized attending medical and surgical staff, and that individual physicians who refer non-pay patients to the wards be permitted to observe, but not themselves to direct treatment or be held responsible for the care of such patients.

17. It is recommended that the Superintendent of Hospitals send a monthly bulletin summarizing the activities of the hospitals and dispensaries to the Erie County Medical Society, for the information of the profession, this bulletin to include official rules and regulations as issued.

18. The Chiefs of sections of the various special services of the Department might properly be expected to make their calls more frequent and spend a longer time in the wards of their respective services.

19. It is recommended that the Board of Managers make every effort to continue their present policy of eliminating personal or political influence from all features of hospital expenditures and selection of the personnel of the department, and further that the practice of giving a bonus in addition to the salary of certain classes of employees be discontinued.

20. It is recommended that the joint use of the various dispensary premises under the jurisdiction of the Department of Hospitals and Dispensaries by this Department and the Department of Health and other suitable public agencies, viz. Buffalo State Hospital,—be continued in the interest of economy of money and time, and for the best coordination of the interrelated services dealing with Health and Disease.

21. It is recommended that the name of Health Center Dispensaries be changed to "Branch Dispensaries of the Department of Hospitals."

22. It is recommended that large easily read signs in English, Italian, Polish and Russian be placed conspicuously at the entrance of each branch dispensary, warning those who apply for free medical care that the services at these dispensaries are only for those unable to pay for private care.

23. It is recommended that the present arrangement of waiting room facilities at the Court Street Health Center No. 5, be so changed that more privacy be given by separation of the sexes, and that the rooms on the first and second floors be so rearranged for use as to give more convenience to the clerical and therapeutic offices of the building.

24. It is recommended that in each Health Center provided with a dentist a dental hygienist be employed to do the prophylactic dental work for the children of the public schools.

25. It is recommended that all tuberculous patients unwilling to go to Perrysburg or unsuitable for that institution, be sent to the City hospital for care.

26. It is recommended that an early agreement be reached by the sections on Dermatology, Syphilology, Neurology and Urology with regard to the treatment with salvarsan of patients coming under their respective specialities, so that there may be centralization of direction of this important therapeutic service.

HEALTH DEPARTMENT.

27. It is recommended that the Health Department continue and develop its supervision of venereal diseases and tuberculosis at its special clinics maintained at the Branch Dispensaries of the Department of Hospitals and Dispensaries, but that a vigorous effort be made to give at least as good investigation to the economic condition of its patients concerning the necessity of free care as is provided by the Bureau of Public Welfare for the patients applying to the Department of Hospitals and Dispensaries.

28. It is recommended that the agents carrying out this investigation for the Department of Health be particularly well trained and tactful, preferably male and female nurses who will be capable of determining the economic as well as the sanitary condition of each family from which the patients come.

The method of administering salvarsan by the use of the open funnel should be changed to the single, or twin glass cylinder method, with a proper cover for the receptacle. Venereal disease prophylaxis should be offered at Branch Dispensary No. 5 under the auspices of the Department of Health.

29. It is recommended that the Well Baby Clinics be continued as at present, and that no investigation be made into the economic status of the families from which the babies are brought. Careful instruction should be issued to physicians directing the Well Baby Clinics forbidding them to prescribe or treat sick children.

30. It is recommended that the Department of Health reach an agreement with the Erie County Medical Society which will guide the Department physicians referring patients who apply at tuberculosis, venereal disease and well baby clinics and ask to be directed to competent specialists for private treatment.

31. It is recommended that the Department of Health either provide nurses from its own staff to give adequate supervision and instruction in the care of all cases of acute communicable disease treated at home, or specifically authorize and request the District Nursing Association to give educational and nursing care to such cases, under the direction of the private physician in charge.

32. It is recommended that the entirely inadequate service for home visiting of contagious diseases by one nurse in the employ of the Bureau of Public Welfare, be discontinued.

33. It is recommended that the Department of Health in cooperation with the District Nursing Association and the Department of Hospitals and Dispensaries make a thorough study and analysis of the result of the present system of prevention, diagnosis and treatment of tuberculosis in Buffalo.

BUREAU OF PUBLIC WELFARE.

34. It is recommended that an increase in the staff of social visitors engaged in investigating the economic status of applicants for free medical care and treatment, be provided, at least temporarily during the present period of economic depression, in order to give what more time may be needed to each case investigated, and that the public and the medical profession be better protected against fraud.

It is recommended that the investigation services for social and economic purposes remain under the Bureau of Public Welfare. *

35. It is recommended that a study be made of the present practice of routine filling out of application slips for permission to obtain free dispensary care without adequate study of each application.

36. It is recommended that where milk is found to be a necessity for the nutrition and health of children, it be provided through the agency of and from the funds of the Bureau of Public Welfare, and not through the Department of Hospitals and Dispensaries.

37. It is recommended that the Bureau of Public Welfare describe and publish in full detail with diagrams similar to that which accompanies this report, the methods used and the various possibilities of service at hospitals and dispensaries now offered by the public and private agencies for at least the following definite groups of applications for medical care and treatment:

- 1—General medical and surgical patients needing dispensary care.
- 2—General medical and surgical cases needing hospital care.
- 3—Tuberculosis patients, ambulatory.
- 4—Tuberculosis patients needing hospital care.
- 5—Drug addicts, ambulatory and
- 6—Drug addicts needing hospital care.
- 7—Venereal disease patients.
- 8—Obstetrical patients needing dispensary and needing hospital care.
- 9—Acute communicable disease patients, home care and hospital care.
- 10—Patients needing diagnosis.
- 11—Accident cases.
- 12—Dental cases.
- 13—Adult and child mental patients needing dispensary or hospital care.
- 14—Well babies.

Accompanying diagram (H) shows four possibilities in relation to diagnostic and treatment clinic service. (1) Patient from relief organization goes to health center for free treatment, is referred to diagnostic and treatment clinic; (2) patient goes from home to health center for free treatment, is investigated by the Bureau of Public Welfare; (3) patient is sent by private physician to diagnostic clinic, goes back to private physician, no investigation, physician's word accepted; (4) patient goes from home to private physician, is sent to diagnostic clinic with word that free treatment is necessary, patient treated without investigation, physician's word accepted.

PRIVATE HOSPITALS.

38. It is recommended that every privately controlled hospital in Buffalo with more than fifty beds provide at least one social worker for the proper contact between the hospital and the patients' home and family.

DIAGNOSTIC AND TREATMENT CLINIC SERVICE

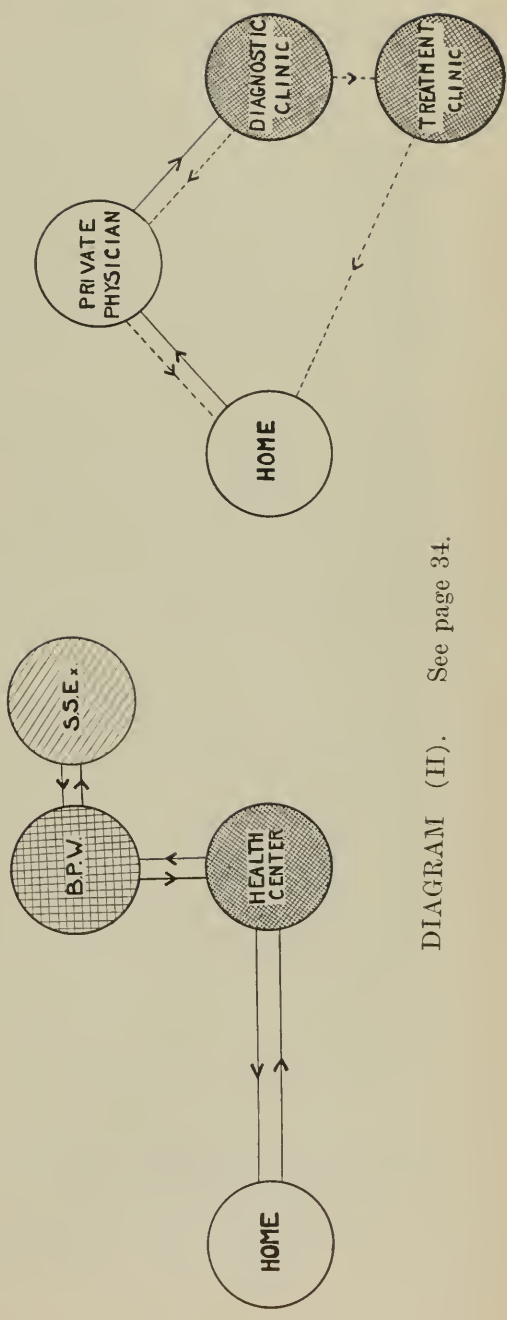
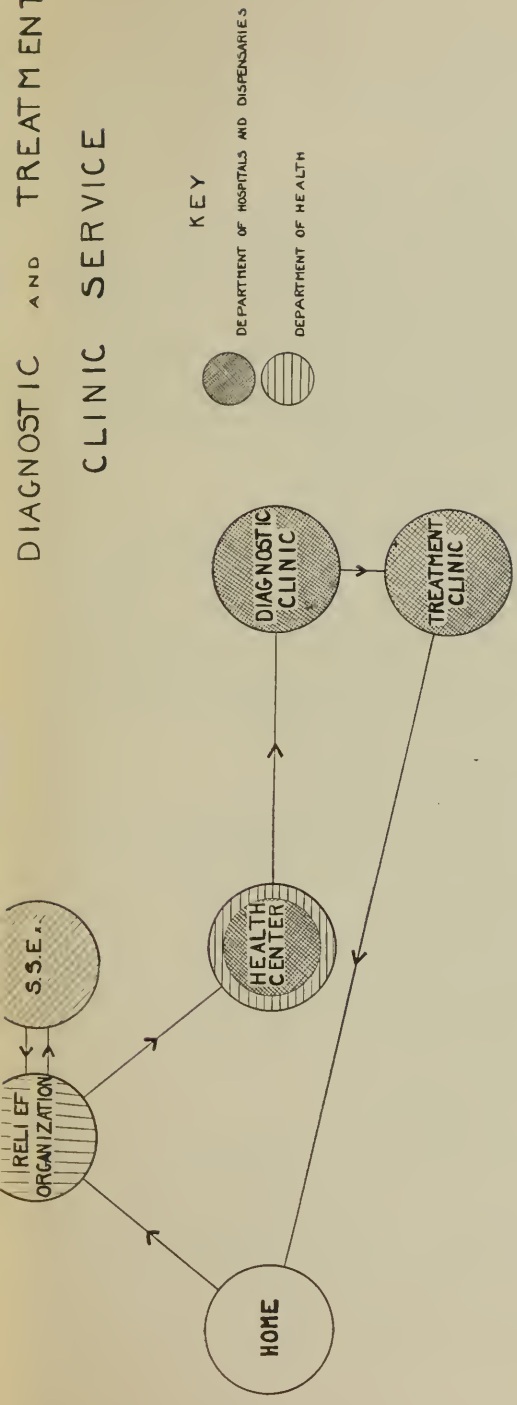


DIAGRAM (II). See page 34.

39. It is recommended that private hospitals agree among themselves to discourage the practice of multiple hospital services by their visiting staff except in the case of certain specialties such as diseases of the eye, neurology and otology.

40. It is recommended that the hospitals by mutual agreement raise their charges for pay patients to the true cost of the care provided, and further agree to charge the full cost of care to the County of Erie, for such patients as are accepted by them as County charges.

ERIE COUNTY MEDICAL SOCIETY.

41. It is recommended that the Committee on Survey or Economics be continued as a standing committee of the Society, and make it its business to follow up with the Commissioner of Public Affairs all reports from physicians of instances in which there is suspected to be an abuse of the privilege of free medical treatment in Buffalo, so that prompt and effective prosecution may result. Such a committee should also serve as a clearing house for the medical discussion of all criticisms of failure in co-operation and interference by private and public agencies with the practitioners of medicine. One or more members of this Committee should, ex-officio, be members of the General Health Committee of the City of Buffalo, suggested in the general recommendations.

PRIVATE PHYSICIANS.

42. It is recommended that the practitioners of medicine in Buffalo offer intentionally and promote among their patients, the practice of the periodic medical examination of their patients, to discover the evidence of disordered function or structure, in the interest of prevention as well as to guide their patients in the laws of health, and that those specializing in the diseases of children undertake the regular supervision of Well Babies as a proper part of the practice of medicine and encourage this practice among their colleagues in general medicine.

DISTRICT NURSING ASSOCIATION.

43. It is recommended that the Board of Managers of this Association obtain the voluntary service of a group of physicians who will act as an advisory body in all matters of professional relationship between the nurses, the practitioners of medicine and the public departments of Health and Hospitals.

44. It is recommended that a somewhat more careful and detailed, continuous record be kept to permit the more effective use of the large experience in home care of the sick which comes through their hands.

45. It is recommended that an effort be made to obtain sufficient funds for the employment of nurses to attend confinement cases under the direction of physicians.

UNIVERSITY OF BUFFALO.

46. It is recommended that the faculty of the Medical School provide for the organized teaching of graduates of medicine.

47. It is recommended that the University authorities establish a school of nursing, and provide the same kind of affiliation for the hospital training of the student nurses as is arranged for medical students in the last two years of their course.

48. It is recommended that the University use its medical faculty to provide for Health Examinations and Instruction for its student body.

JUN 1st 1922

CONCLUSION.

Buffalo with its estimated population of 528,169, on July 1, 1922, and a per capita tax valuation of \$1,072, is entitled to have the best that modern science and public spirit can provide through the association of public and private educational, medical and social agencies for the development of health and the prevention, care and treatment of disease.

Much has been done to assure the best that can be afforded and in certain respects, Buffalo has excelled other cities of the country. The insufficiencies and conflicts in the services now available can be arranged for with but little added expense, if information as to the needs is widely spread and thoroughly understood.

It should not be difficult to convince a community which has the means of informing itself of the true facts of its case, as Buffalo has, of the desirability of joint action of all concerned under the leadership of such a Committee or Health Association as can readily be assembled from among its citizens.

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